BEHAVIORAL HEALTH RISKS OF PENNSYLVANIA ADULTS

1990

Pennsylvania Department of Health
Division of Health Promotion

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BEHAVIORAL HEALTH RISKS OF PENNSYLVANIA ADULTS

A REPORT OF 1990 DATA FROM THE

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Pennsylvania Department of Health
Division of Health Promotion
Health Risk Reduction Program
P.O. Box 90
Harrisburg, PA 17108-0090

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INTRODUCTION

The Pennsylvania Department of Health began participating in the Behavioral Risk Factor Surveillance System in 1989 under a cooperative agreement with the Centers for Disease Control. The purpose of the Behavioral Risk Factor Surveillance System is to provide state-level data for planning health promotion and disease prevention programs. The surveillance system collects data on those behaviors which are considered to be the most important risk factors contributing to the leading causes of death in the nation and in the state (see Table 1).

The Behavioral Risk Factor Surveillance System is an ongoing survey consisting of telephone interviews which are conducted once a month. Telephone numbers are generated randomly by the Centers for Disease Control, and respondents are selected randomly from all adults 18 and older who reside in the household contacted.

During 1990, 44 states and the District of Columbia participated in the Behavioral Risk Factor Surveillance System. All states used a core questionnaire which was developed by the Centers for Disease Control.

This report presents data from the 2,468 respondents in the 1990 Pennsylvania survey. The Wisconsin Survey Research Laboratory of the University for Wisconsin conducted the interviewing and processed the data for Pennsylvania under a contract administered by the Department of Health. The data were weighted to the State's estimated 1989 population and analyzed by the Centers for Disease Control. This report was prepared by the Pennsylvania Department of Health.

USE OF THE REPORT

The Behavioral Risk Factor Surveillance System is the only ongoing source of state-level data for many of the key modifiable risks to health. Data from this report are useful for:

(1) **Identifying target groups for health promotion and disease prevention programs.** A comparison of the prevalence of behavioral risks by population subgroups shows which groups are most in need of health promotion and risk reduction programs.

(2) **Assessing Pennsylvania's progress in meeting national objectives for health promotion and disease prevention.** The Year 1990 Objectives for the Nation established ideal levels for the reduction of smoking, alcohol abuse, overweight and physical inactivity (see Table 2). A comparison of the data from the 1990 Behavioral Risk Factor Survey indicates the extent to which Pennsylvania appears to have met the 1990 national health objectives.

CONTENT OF THE REPORT

Data are presented by age, sex, race and Hispanic origin, household income and education. The tables contain the actual numbers of respondents as well as percentages. The percentages were calculated using weighted data. A description

of the weighting procedures and other methodological issues is contained in Appendix A.

Some of the tables and figures contain cells based on fewer than 50 respondents. The Centers for Disease Control considers cells containing fewer than 50 observations to be unreliable. These data are presented because they help to identify trends and high risk population subgroups.

Also included in the appendices are the 1990 survey questions and a summary of Pennsylvania risk factor prevalence data for 1989 and 1990.

TABLE 1

LEADING CAUSES OF DEATH AMONG PENNSYLVANIA RESIDENTS, 1990, AND MAJOR MODIFIABLE RISK FACTORS FOR THE LEADING CAUSES OF DEATH

CAUSE OF DEATH	RANK	NUMBER OF DEATHS	MAJOR MODIFIABLE RISK FACTORS
Heart Disease	1	43,204	Cigarette Smoking, High Blood Pressure, High Cholesterol, Overweight, Physical Inactivity
Cancer	2	29,677	Cigarette Smoking, Diets High in Fat/Low in Fiber, Overweight, Alcohol
Stroke	3	7,678	High Blood Pressure, Overweight, Cigarette Smoking
Chronic Lung Disease	4	4,487	Cigarette Smoking
Unintentional Injuries	5	4,001	Alcohol, Lack of Seat Belt Use

SOURCE (Mortality Data): Pennsylvania Department of Health, State Health Data Center.

SOURCE (Risk Factors): Healthy People 2000: National Health Promotion and Disease Prevention Objectives, USDHHS, 1991; Surgeon General's Report on Nutrition and Health, USDHHS, 1988.

TABLE 2

1990 NATIONAL HEALTH OBJECTIVES FOR
SMOKING, ALCOHOL, OVERWEIGHT AND PHYSICAL INACTIVITY

BEHAVIORAL RISK	1990 OBJECTIVE
TOBACCO	By 1990, the proportion of adults who smoke should be reduced to below 25 percent.
ALCOHOL	By 1990, the proportion of problem drinkers among all adults aged 18 and over should be reduced to 8 percent.
OVERWEIGHT	By 1990, the prevalence of significant overweight (120 percent of "desired" weight) among the U.S. adult population should be decreased to 10 percent of men and 17 percent of women without nutritional impairment.
PHYSICAL INACTIVITY	By 1990, the proportion of adults 18 to 65 participating regularly in vigorous physical exercise should be greater than 60 percent.
	By 1990, 50 percent of adults 65 years and older should be engaging in appropriate physical activity, e.g., regular walking, swimming or other aerobic activity.

SOURCE: Promoting Health/Preventing Disease: Objectives for the Nation, U.S. Department of Health and Human Services, 1980.

CIGARETTE SMOKING

Cigarette smoking remains one of the single most important avoidable causes of death in the nation. The 1989 Report of the Surgeon General states that smoking is responsible for more than one of every six deaths in the United States.

Cigarette smoking is also linked to many other health problems. Smoking during pregnancy increases the risk of stillbirths, spontaneous abortions and low birth weights. It is a major cause of residential fires and fire-related deaths in urban areas.

In 1985, the total number of smoking-attributable deaths in Pennsylvania was 17,961 according to the National Status Report on Smoking and Health published by the U.S. Department of Health and Human Services (1990). The economic costs generated by diseases associated with smoking were estimated to be $2.9 billion for Pennsylvania.

PREVALENCE OF SMOKING AMONG PENNSYLVANIANS

For the purpose of this survey, current smokers were defined as those persons who reported that they had ever smoked 100 cigarettes in their entire lives and had been smoking at the time of the survey. Table 3 shows the number and percent of respondents who were current smokers by age, sex, race and Hispanic origin, education and income.

Compared to whites, Blacks had a higher proportion of persons who smoke. This finding is consistent with national surveys. The higher rate of smoking among Hispanics is not considered reliable due to the small sample size (19 respondents).

As shown in Table 3, there is also a trend toward higher rates of smoking among persons with lower income and less education.

SMOKING BY AGE AND SEX

Figure 1 shows the percent of survey respondents who were current smokers by sex and various age groups. For both men and women, the lowest rates of smoking were among the youngest and the oldest age groups. The lower rates of smoking among the youngest age group may be indicative of a trend toward nonsmoking or reflective of the fact that not all persons who eventually will become smokers have started to smoke regularly by age 18-24.

The highest rates of smoking among women were seen in the 25-44 age groups. The higher rates of smoking among women aged 25 to 44 is serious because of the risk posed by smoking during the childbearing and child-rearing years.

Figure 2 shows the percent of men and women who were current smokers, who had never smoked and who had quit smoking. Former smokers were those persons who had smoked 100 cigarettes in their lifetimes but had not been smoking at the time of the survey. People who had never smoked 100 cigarettes in their lives were considered to have never smoked. Overall, 24 percent of the respondents were current smokers, 26 percent of the respondents were former smokers and 50 percent had never smoked.

A larger percentage of men had ever smoked when compared to women. A larger percentage of men compared to women also had quit smoking. As a result, the prevalence of smoking is fairly similar between men and women.

AVERAGE DAILY CIGARETTE CONSUMPTION

All persons who currently smoked were asked how many cigarettes a day they smoked on the average. Overall, 76 percent of the current smokers reported smoking 1-20 cigarettes a day, while 20 percent of smokers reported smoking an average of 21-40 cigarettes a day. Less than 2 percent of smokers reported smoking more than 40 cigarettes (or 2 packs) a day . Figure 3 shows that men were more likely than women to smoke more than a pack of cigarettes a day.

ATTEMPTS TO STOP SMOKING

Persons who were current smokers were asked if they had ever made a serious attempt to stop smoking. As shown in Figure 4, two-thirds of the people who smoked had made a serious attempt to stop smoking. Of those who had ever tried to stop smoking, more than half had made their most recent attempt within the year prior to the survey.

The length of time which persons who were current smokers had stayed off cigarettes during their most recent quit attempt is shown in Figure 5. Most had stayed off cigarettes at least a week during their most recent attempt.

COMPARISON OF SMOKING PREVALENCE IN PENNSYLVANIA TO THE NATIONAL HEALTH OBJECTIVES

Table 2 includes the smoking-related national health objective for the year 1990. A comparison of the data from the 1990 survey suggests that Pennsylvania met the objective for the year 1990 for the adult population as a whole. Of particular concern are those subgroups which did not meet the objective due to high rates of smoking: Blacks, women in their childbearing ages and persons with lower incomes and less education.

TABLE 3

SMOKING STATUS BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	SMOKERS		NONSMOKERS	
	Number	Percent	Number	Percent
ALL PERSONS	609	24	1,850	76
SEX				
Male	275	25	808	75
Female	334	23	1,042	77
RACE AND HISPANIC ORIGIN				
White, non-Hispanic	519	23	1,658	77
Black, non-Hispanic	70	33	120	66
Hispanic	19	31	43	69
Other	1	4	29	96
AGE (IN YEARS)				
18-24	55	20	199	80
25-34	191	32	395	68
35-44	152	29	383	71
45-54	85	28	231	73
55-64	67	21	223	79
65 & Over	58	12	408	87
HOUSEHOLD INCOME				
Less Than $10,000	92	25	234	75
$10,000-$15,000	80	28	190	72
$15,000-$20,000	62	26	166	74
$20,000-$25,000	78	31	165	69
$25,000-$35,000	102	24	315	76
$35,000-$50,000	95	24	305	76
More Than $50,000	48	16	276	84
EDUCATION				
Less Than 9th Grade	30	21	108	79
Some High School	90	35	157	65
High School Graduate	312	29	722	71
Some Technical School	13	24	30	76
Technical School Graduate	15	21	54	79
Some College	82	20	288	79
College Graduate	51	14	284	86
Post Graduate	15	6	206	92

Data presented here were tabulated by the Centers for Disease Control (CDC). Any cell containing fewer than 50 respondents is considered by the CDC to be unreliable. Percentages were calculated using weighted data. The percent of smokers and nonsmokers may not add to 100 due to rounding and the exclusion of data from persons who refused to answer or responded "don't know" to questions related to smoking. Numbers represent the actual numbers of respondents.

Smokers include persons who had ever smoked 100 cigarettes in their lives and had been smoking at the time of the survey.

Nonsmokers include former smokers (who had smoked 100 cigarettes in their lives but had not been smoking at the time of the survey) and persons who had never smoked 100 cigarettes in their lives.

FIGURE 1. PERSONS WHO SMOKE, PERCENT BY AGE AND SEX, PENNSYLVANIA, 1990

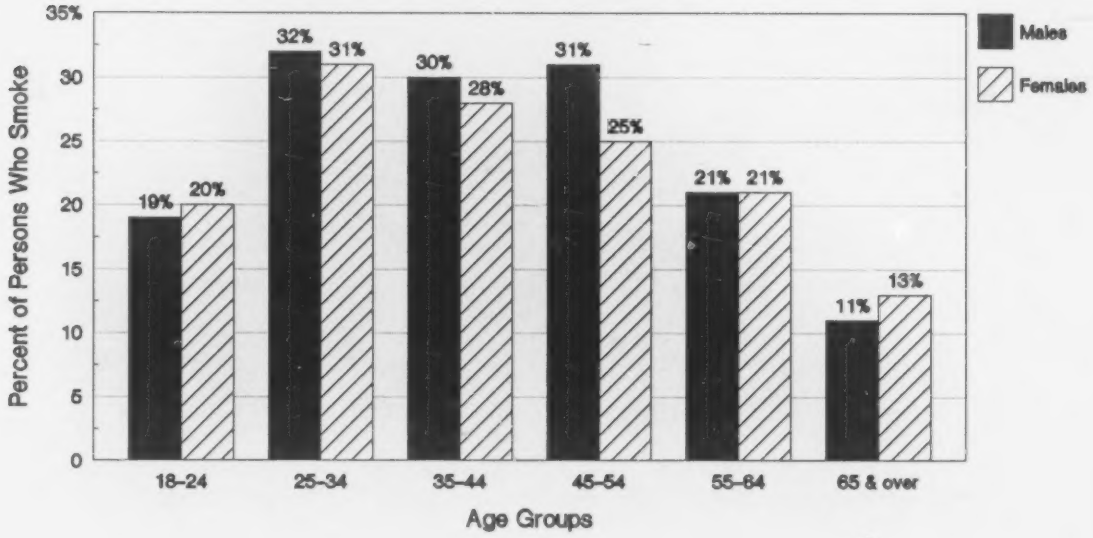
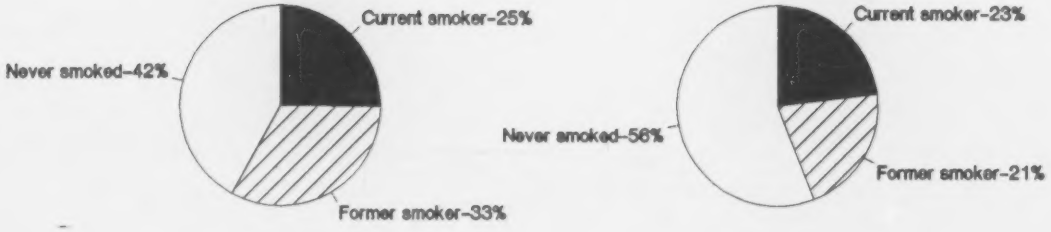
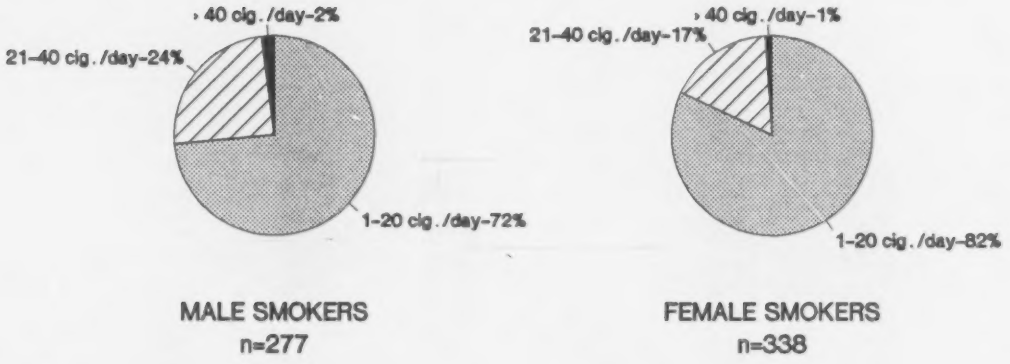


FIGURE 2. CURRENT SMOKERS, FORMER SMOKERS AND PERSONS WHO NEVER SMOKED, PERCENT BY SEX, PENNSYLVANIA, 1990



Percentages may not add to 100 due to rounding and the exclusion of unknowns/refusals.

FIGURE 3. CURRENT SMOKERS BY AVERAGE NUMBER OF CIGARETTES SMOKED DAILY, PERCENT BY SEX, PENNSYLVANIA, 1990

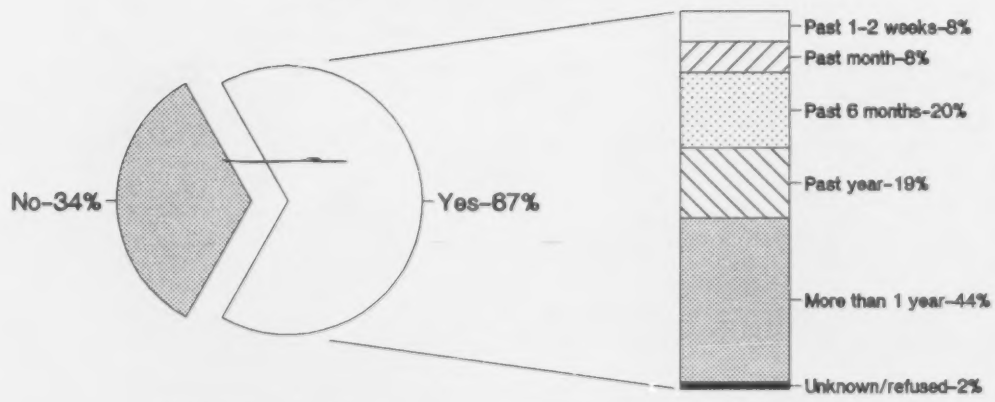


MALE SMOKERS
n=277

FEMALE SMOKERS
n=338

Percentages may not add to 100 due to rounding and the exclusion of unknowns/refusals.

FIGURE 4. CURRENT SMOKERS BY ATTEMPT TO STOP SMOKING AND RECENCY OF LAST QUIT ATTEMPT, PENNSYLVANIA, 1990



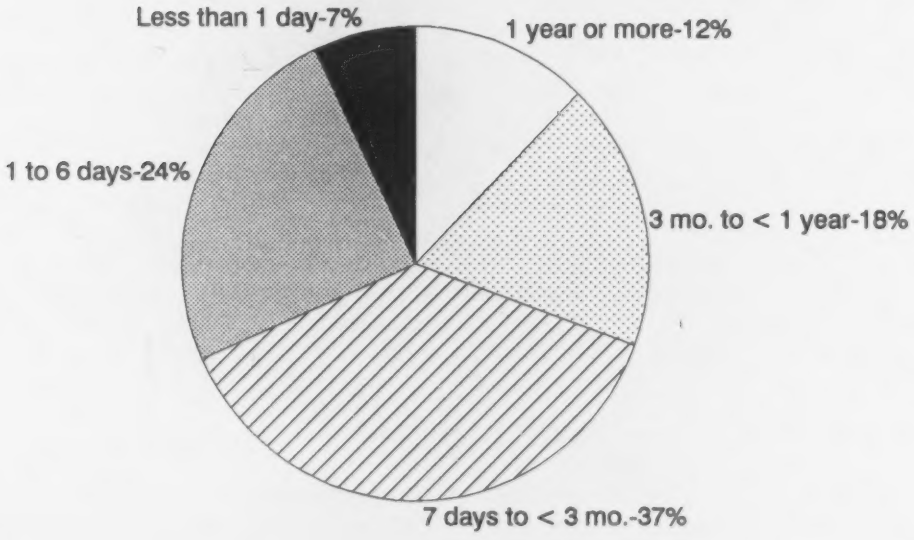
SERIOUS ATTEMPT TO STOP SMOKING BY CURRENT SMOKERS

No. of smokers who had made a serious attempt to stop smoking = 415; no. of smokers who had not ever make a serious attempt to stop = 200.

LENGTH OF TIME SINCE START OF MOST RECENT QUIT ATTEMPT

Percentages don't add to 100 due to rounding.

FIGURE 5. CURRENT SMOKERS BY LENGTH OF TIME THEY STAYED OFF CIGARETTES DURING THEIR MOST RECENT QUIT ATTEMPT, PENNSYLVANIA, 1990



This figure includes smokers who have ever made a serious attempt to quit (n=415). Percentages do not add to 100 due to rounding and the exclusion of unknowns/refusals.

ALCOHOL USE

Alcohol is one of the most damaging drugs known to society. It causes more death, lost productivity, morbidity and sheer human misery than all prescription drugs and illicit drugs combined.

Alcohol abuse is linked with many of the leading causes of death in the nation. It is implicated in approximately 90 percent of deaths due to cirrhosis and half of all deaths resulting from traffic accidents and homicides. Alcohol is a risk factor for suicide and certain types of cancer. Fetal Alcohol Syndrome - fetal damage related to maternal consumption of alcohol - is the largest single preventable cause of birth defects in the country.

Every year, 105,000 Americans die from conditions attributed to alcoholism. The National Institute on Alcohol Abuse and Alcoholism estimates that alcoholism costs the nation $136.3 billion per year in lost productivity and health care costs. Pennsylvania's share of these health care costs is estimated to be $8.2 billion per year.

ALCOHOL USE REPORTED IN THE 1990 PENNSYLVANIA SURVEY

Overall, 54 percent of the survey respondents reported drinking alcohol in the past month. As shown in Figure 6, men were more likely than women to report drinking during the past month.

Of those persons who reported drinking alcohol during the past month, 49 percent had ten or fewer drinks during the month. Figure 7 shows that women who drank alcohol were less likely to drink as much as men.

ALCOHOL RISK FACTORS

The Centers for Disease Control defined three alcohol-related behaviors that place people at risk: acute drinking, chronic drinking and drinking and driving. Acute drinking was defined as having five or more alcoholic drinks on one or more occasions in the past month. Overall, 18 percent of the survey respondents were considered to be acute drinkers (Table 4). The prevalence of acute drinking was higher in men compared to women and in younger adults aged 18 to 34.

Chronic drinkers included those respondents who reported consuming an average of 60 or more drinks a month. Persons who drink and drive were those respondents who reported driving after having had perhaps too much to drink. As shown in Table 4, men were more likely than women to be at risk from these risk factors.

COMPARISON OF ALCOHOL USE IN PENNSYLVANIA TO THE NATIONAL HEALTH OBJECTIVES

According to the 1990 national health objectives, the proportion of problem drinkers should be reduced to 8 percent of all adults. In this survey, the prevalence of acute drinking exceeded 8 percent, while the prevalence of the other risk behaviors was lower than 8 percent. While none of these risks are the same as problem drinking, they do signify misuse of alcohol. Those groups most at risk were men and young adults.

FIGURE 6. PERSONS WHO DRANK ALCOHOL IN PAST MONTH, PERCENT BY SEX, PENNSYLVANIA, 1990

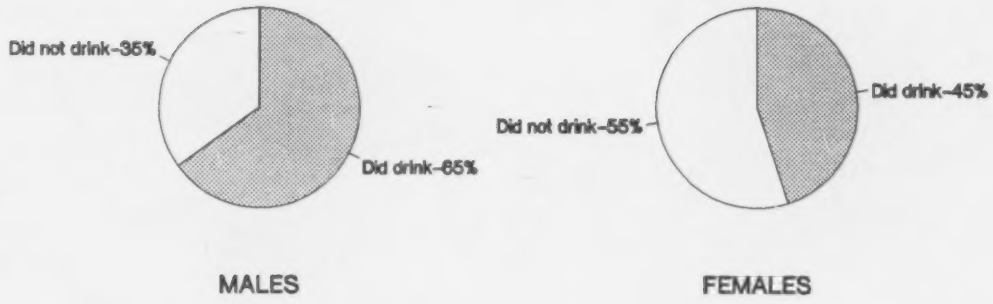
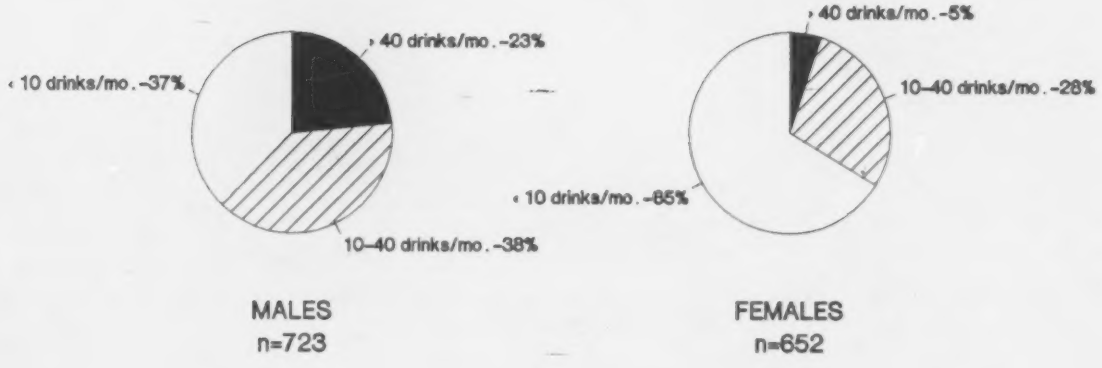


FIGURE 7. NUMBER OF DRINKS CONSUMED BY PERSONS WHO DRANK ALCOHOL IN PAST MONTH, PERCENT BY SEX, PENNSYLVANIA, 1990



Percentages may not add to 100 due to rounding and the exclusion of unknowns/refusals.

TABLE 4

ALCOHOL RISK FACTORS BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	ACUTE DRINKING		CHRONIC DRINKING		DRINK/DRIVE	
	Number	Percent	Number	Percent	Number	Percent
ALL PERSONS	452	18	118	5	80	3
SEX						
Male	324	29	102	9	53	5
Female	128	9	16	1	27	2
RACE AND HISPANIC ORIGIN						
White, non-Hispanic	408	19	106	5	77	4
Black, non-Hispanic	25	12	7	3	1	0.0
Hispanic	15	24	4	7	2	3
Other	4	10	1	4	0	0
AGE (IN YEARS)						
18-24	82	34	26	11	16	8
25-34	179	31	30	5	42	7
35-44	111	21	35	6	12	2
45-54	36	10	11	4	2	0.0
55-64	32	11	12	4	6	3
65 & Over	12	3	4	1	2	1
HOUSEHOLD INCOME						
Less Than $10,000	40	15	11	5	3	1
$10,000-$15,000	36	12	9	3	7	3
$15,000-$20,000	46	19	17	8	13	6
$20,000-$25,000	61	25	17	8	14	5
$25,000-$35,000	88	21	24	6	16	4
$35,000-$50,000	92	22	16	4	14	4
More Than $50,000	66	20	17	6	11	4
EDUCATION						
Less Than 9th Grade	7	5	2	2	1	1
Some High School	38	16	9	3	2	1
High School Graduate	210	19	61	6	32	3
Some Technical School	9	16	2	3	1	2
Technical School Graduate	14	19	2	2	1	2
Some College	84	27	29	10	20	6
College Graduate	58	17	11	3	13	4
Post Graduate	32	14	2	1	10	4

Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Numbers represent the actual numbers of respondents.

Acute drinking includes persons who reported having 5 or more alcoholic drinks on an occasion, one or more times in the past month. Chronic drinking includes persons who reported an average of 60 or more alcoholic drinks a month. Drink/Drive includes persons who reported having driven after having had "perhaps too much to drink" one or more times in the past month.

A "0.0" denotes a percentage that is less than one but not equal to zero.

OVERWEIGHT AND DIETARY FAT

Five of the leading causes of death in the nation are associated with diet (coronary heart disease, cancer, stroke, diabetes and atherosclerosis). Two of the most significant diet-related problems are overweight and excess consumption of dietary fat.

Overweight is associated with elevated serum cholesterol and high blood pressure, and it is an independent risk factor for coronary heart disease. Overweight increases the risk for developing noninsulin-dependent diabetes, gallbladder disease and some types of cancer. Overweight has also been associated with adult-onset osteoarthritis.

Dietary fat contain more than twice as many calories as equal amounts of protein or carbohydrates, and studies have found an association between high fat diets and overweight. Diets high in fat are associated with breast and colon cancer. Diets high in saturated fat increase the risk of coronary heart disease.

PREVALENCE OF OVERWEIGHT IN PENNSYLVANIA

Two definitions were used to estimate the prevalence of overweight--Percent of Median and Body Mass Index (BMI). With the first definition, overweight included persons who were at or above 120 percent of the mid-value of the ideal weight range for a medium-frame person as established by the 1959 Metropolitan Life Insurance Height-Weight Tables. With the second definition, men with a BMI [Weight(kilograms)/Height(meters squared)] of greater than or equal to 27.8 and women with a BMI of greater than or equal to 27.3 were considered overweight. These values represent the sex-specific 85th percentile of BMI for U.S. adults aged 20 to 29 years from the Second National Health and Nutrition Examination Survey (NHANES II).

Table 5 shows the number and percent of respondents who were overweight by age, sex, race and Hispanic origin, education and household income. There was little difference in prevalence of overweight between men and women. Consistent with national studies, the prevalence of overweight increases with age until the oldest age group. The prevalence of overweight was higher among Blacks compared to whites. There is also a relationship between income, education and overweight. Persons with less education and lower income were more likely to be overweight.

COMPARISON OF OVERWEIGHT IN PENNSYLVANIA TO THE NATIONAL HEALTH OBJECTIVES

According to the 1990 national health objectives, the prevalence of overweight should be reduced to 10 percent of adult men and 17 percent of adult women. These objectives were based on actual measurement of height and weight, whereas the Pennsylvania survey relies upon self-reports of height and weight, which tend to be somewhat less than actual measurements. Even with a possible bias toward underreporting of weight, the Pennsylvania survey found that the prevalence of overweight was higher than the target set by the national health objectives for both men and women. The higher prevalence of overweight among Blacks, middle-aged adults and people with lower income and less education indicates the need to target these groups for nutrition education and weight control programs.

DIETARY FAT INTAKE AMONG SURVEY RESPONDENTS

In order to determine those subgroups that consume a higher fat diet, respondents were asked how often they consumed 13 foods. These 13 foods or food groups were selected because they have been found to be top contributors to dietary fat intake in the U. S. population based on data from the NHANES II. An index of fat consumed was calculated for each respondent by adding the products of each person's reported frequency of consumption of the foods by the estimated fat content and average portion size of the foods. Then each respondent was categorized into quartiles of fat intake based on the distribution of fat consumption for all respondents. In the analysis, "high" fat consumers were those who were above the 75th percentile for fat consumption in the whole sample, "medium" fat consumers were those in the 25th through 75th percentile and "low" fat consumers were those equal to or below the 25th percentile. (See Appendix A for more information on the construction of the dietary index.)

Table 6 shows the number and percent of respondents who were high, medium and low fat consumers by sex, race and Hispanic origin, age, household income and education. As shown in Table 6, men were much more likely than women to consume a high fat diet. Of all the age groups included in the table, young adults aged 18-34 were the most likely to consume a high fat diet.

TABLE 5

OVERWEIGHT BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME, AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	OVERWEIGHT (% OF MEDIAN)		OVERWEIGHT (BMI)	
	Number	Percent	Number	Percent
ALL PERSONS	710	30	587	25
SEX				
Male	330	31	280	26
Female	380	29	307	23
RACE AND HISPANIC ORIGIN				
White, non-Hispanic	613	29	502	24
Black, non-Hispanic	71	37	63	35
Hispanic	20	28	16	24
Other	6	20	6	20
AGE (IN YEARS)				
18-24	40	16	30	12
25-34	121	21	103	18
35-44	156	31	133	26
45-54	119	39	94	31
55-64	119	41	100	34
65 & Over	154	33	127	27
HOUSEHOLD INCOME				
Less Than $10,000	108	33	95	29
$10,000-$15,000	100	38	78	30
$15,000-$20,000	58	27	51	23
$20,000-$25,000	54	21	41	16
$25,000-$35,000	122	30	102	26
$35,000-$50,000	108	29	91	25
More Than $50,000	81	27	66	22
EDUCATION				
Less Than 9th Grade	61	44	53	38
Some High School	86	34	71	28
High School Graduate	318	31	272	27
Some Technical School	9	21	6	15
Technical School Graduate	17	26	13	20
Some College	87	24	69	19
College Graduate	79	26	61	21
Post Graduate	52	23	41	19

Data presented here were tabulated by the Centers for Disease Control (CDC). Any cell containing fewer than 50 respondents is considered by the CDC to be unreliable. Percentages were calculated using weighted data. Numbers represent the actual numbers of respondents.

Overweight (% of Median) includes persons who were at or above 120 percent of the mid-value of the ideal weight range for a medium-frame person as established by the 1959 Metropolitan Height-Weight Tables.

Overweight (BMI) includes males with a Body Mass Index [BMI calculated as weight in kilograms divided by height in meters squared] of greater than or equal to 27.8 and females with a Body Mass Index of greater than or equal to 27.3.

TABLE 6

INDEX OF DIETARY FAT BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	LOW FAT CONSUMERS		MEDIUM FAT CONSUMERS		HIGH FAT CONSUMERS	
	Number	Percent	Number	Percent	Number	Percent
SEX						
Male	161	14	498	46	341	31
Female	404	28	634	47	222	17
RACE AND HISPANIC ORIGIN						
White, non-Hispanic	499	22	1,028	48	483	23
Black, non-Hispanic	49	24	66	36	51	27
Hispanic	14	20	24	40	19	31
Other	3	8	14	44	10	39
AGE (IN YEARS)						
18-24	25	8	112	46	108	42
25-34	95	16	287	48	169	30
35-44	112	18	286	55	113	21
45-54	92	28	143	47	55	18
55-64	89	29	125	45	48	17
65 & Over	147	31	175	38	70	15
HOUSEHOLD INCOME						
Less Than $10,000	75	22	125	40	80	25
$10,000-$15,000	76	27	99	36	64	25
$15,000-$20,000	52	20	106	47	58	27
$20,000-$25,000	50	21	110	44	65	26
$25,000-$35,000	78	18	213	52	102	24
$35,000-$50,000	92	22	200	50	87	23
More Than $50,000	83	25	170	52	59	19
EDUCATION						
Less Than 9th Grade	37	26	43	32	28	22
Some High School	39	15	100	40	73	30
High School Graduate	232	22	477	47	251	24
Some Technical School	10	22	20	47	10	23
Technical School Graduate	17	23	29	42	21	31
Some College	78	19	164	46	98	27
College Graduate	83	23	186	56	52	17
Post Graduate	68	30	113	50	29	14

Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. The percentiles do not add to 100 due to rounding and the exclusion of data from persons who refused to answer or responded "don't know" to questions related to food consumption. Numbers represent the actual numbers of respondents.

Low fat consumers includes persons whose fat consumption, as measured by a dietary fat index, was below or equal to the 25th percentile of fat consumption for all respondents. Medium fat consumers includes persons whose dietary fat index was between the 25th and 75th percentile of the dietary fat indexes of all respondents. High fat consumers includes persons whose dietary fat index was greater than the 75th percentile for all respondents.

The dietary fat index is the product of the person's reported frequency of consuming 13 foods and the estimated fat content and portion size of the foods.

PHYSICAL INACTIVITY

Lack of physical activity and exercise is associated with many serious health problems, including coronary heart disease, hypertension, obesity and noninsulin-dependent diabetes. While the amount and type of exercise needed to reduce the risks associated with all of these problems are not known, many experts agree that regular exercise done for 20 minutes at least three times a week will reduce the risk of heart attack.

Apart from its possible life-saving effects, exercise is vital for all. People who exercise regularly outlive those who are inactive. Exercise helps maintain the functional capacity of those who, because of chronic illness or increasing age, are limited in their daily activities.

PHYSICAL ACTIVITY LEVELS REPORTED IN THE PENNSYLVANIA SURVEY

For the purposes of this survey, the Centers for Disease Control defined four levels of physical activity. "Inactive" included those persons who reported that they did not participate in any physical activities or exercise in the month prior to the survey. "Irregular activity" included those persons who participated in an activity or pair of activities less than three times per week or less than 20 minutes on the occasions when they exercised. "Regular activity" included those persons who engaged in any physical activity or pair of activities for a total of 20 minutes per occasion three or more times per week at a level of intensity deemed insufficient by CDC to meet the 1990 Objective for vigorous exercise. Vigorous exercise includes those activities that require rhythmic contraction of large muscle groups at 60 percent of functional capacity. "1990 Objective" included those persons who engaged in any physical activity or pair of activities that require rhythmic contraction of large muscle groups at 60 percent of functional capacity for a total of 20 minutes per occasion three or more times per week.

According to these definitions, 27 percent of the respondents were inactive. Figure 8 shows that people aged 65 and older were the most likely to be inactive. Overall, 28 percent of the survey respondents participated in irregular activity, 36 percent participated in regular activity while 9 percent of the respondents exercised at a level believed by CDC to be sufficient to meet the Year 1990 Objective for vigorous physical exercise. As shown in Figure 9, there was little difference in the physical activity levels of men and women.

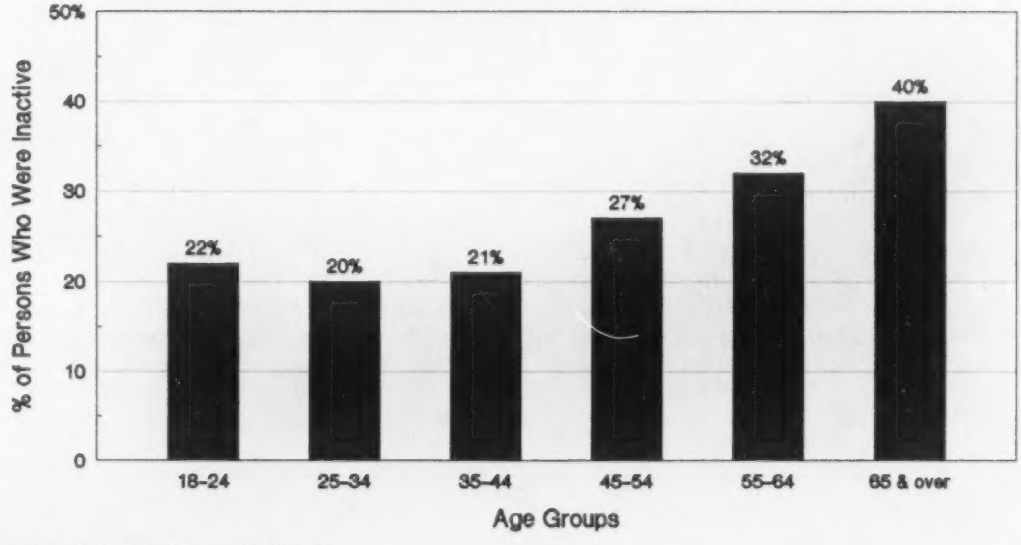
Those persons most at risk due to a sedentary lifestyle were those who did not exercise at all or only exercised irregularly. Table 7 provides the number and percent of persons who did not exercise regularly or at all by sex, race and Hispanic origin, age, household income and education. The prevalence of sedentary lifestyles rose with increasing age. People with less education and lower income were more likely to be sedentary.

COMPARISON OF PHYSICAL INACTIVITY IN PENNSYLVANIA TO THE NATIONAL HEALTH OBJECTIVES

The 1990 national health objectives specify that more than 60 percent of adults aged 18 to 65 should participate regularly in vigorous physical exercise, while 50

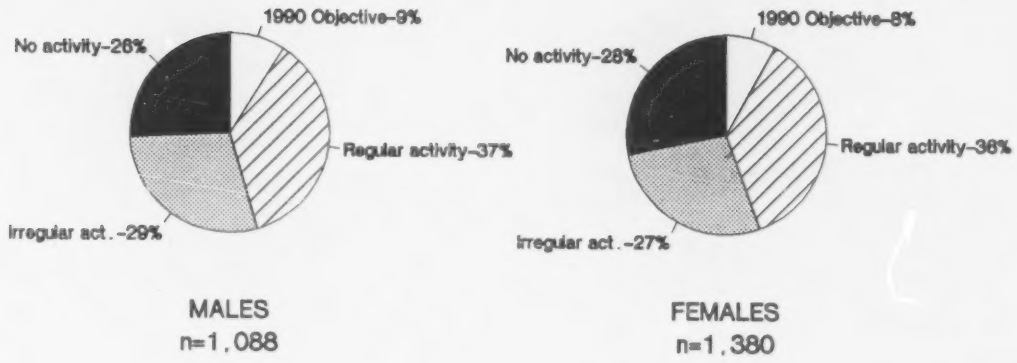
percent of adults aged 65 and over should engage in appropriate physical activity, such as regular walking, swimming or other aerobic activity. Based on the results of this survey, Pennsylvania did not appear to meet these objectives. Only 45 percent of all adults and 37 percent of older adults aged 65 and over were exercising at least three times a week for 20 or more minutes. Only 9 percent of all adults were exercising at a level deemed sufficient by CDC to meet the 1990 Objective of "regular vigorous physical exercise." Those subgroups who were most likely to be sedentary were older persons and persons with less education and lower income.

FIGURE 8. PERSONS WHO HAD NOT ENGAGED IN ANY PHYSICAL ACTIVITY DURING THE PAST MONTH, PERCENT BY AGE, PENNSYLVANIA, 1990



Total number of persons who were inactive was 656.

FIGURE 9. PERSONS AT VARIOUS PHYSICAL ACTIVITY LEVELS, PERCENT BY SEX, PENNSYLVANIA, 1990



MALES
n=1,088

FEMALES
n=1,380

Percentages may not add to 100 due to rounding and the exclusion of unknowns/refusals.

No activity includes persons who reported that they did not participate in any physical activities or exercise during the month prior to the interview.

Irregular act. includes persons who participated in a physical activity or pair of activities for less than 20 minutes per occasion or less than three times per week.

Regular activity includes persons who engaged in any physical activity or pair of activities for a total of 20 minutes per occasion three or more times per week at a level of intensity insufficient to meet the 1990 Objective for vigorous activity (i.e., activities that require rhythmic contraction of large muscle groups at 60 percent of functional capacity).

1990 Objective includes persons who engaged in any physical activity or pair of activities that require rhythmic contraction of large muscle groups at 60 percent of functional capacity for a total of 20 minutes per occasion three or more times per week.

TABLE 7

SEDENTARY LIFESTYLE BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO ARE SEDENTARY		PERSONS WHO ARE NOT SEDENTARY	
	Number	Percent	Number	Percent
ALL PERSONS	1,351	55	1,105	45
SEX				
Male	598	55	490	45
Female	753	55	615	45
RACE AND HISPANIC ORIGIN				
White, non-Hispanic	1,182	54	993	45
Black, non-Hispanic	117	59	73	40
Hispanic	37	59	24	37
Other	15	40	15	60
AGE (IN YEARS)				
18-24	123	47	132	54
25-34	287	48	299	52
35-44	280	52	257	48
45-54	183	57	133	43
55-64	177	63	115	37
65 & Over	301	63	169	37
HOUSEHOLD INCOME				
Less Than $10,000	215	63	111	37
$10,000-$15,000	162	62	107	38
$15,000-$20,000	128	55	101	44
$20,000-$25,000	133	56	110	44
$25,000-$35,000	217	52	201	48
$35,000-$50,000	203	51	198	49
More Than $50,000	140	43	184	57
EDUCATION				
Less Than 9th Grade	102	74	35	25
Some High School	173	69	75	31
High School Graduate	594	57	436	42
Some Technical School	24	59	19	41
Technical School Graduate	33	44	36	56
Some College	171	42	197	57
College Graduate	150	44	186	56
Post Graduate	102	49	121	51

Data presented here were tabulated by the Centers for Disease Control (CDC). Any cell containing fewer than 50 respondents is considered by the CDC to be unreliable. Percentages were calculated using weighted data. The percent of persons who were sedentary and persons who were not sedentary may not add to 100 due to rounding and the exclusion of data from persons who refused to answer or responded "don't know" to questions related to physical activity. Numbers represent the actual numbers of respondents.

Sedentary lifestyles includes persons who reported either no physical activity/exercise in the past month or who reported engaging in a physical activity or pair of physical activities for less than three times per week or less than 20 minutes per occasion.

HIGH BLOOD PRESSURE

Unrecognized and untreated high blood pressure can lead to stroke, heart attack or kidney failure. Although no cure exists, high blood pressure may be controlled through medication, diet, exercise, quitting smoking and stress management.

PREVALENCE OF HIGH BLOOD PRESSURE AMONG PENNSYLVANIANS

Twenty-three percent of the survey respondents reported that they have ever been told by a doctor, nurse or other health professional that they have high blood pressure. As shown in Table 8, 19 percent of the respondents were "current hypertensives," that is, they had been told more than once that their blood pressure is high or they reported that they are taking blood pressure medication. The prevalence of high blood pressure rose with age and was higher among Blacks compared to whites. Persons who lacked a high school education and persons with an annual income of less than $15,000 were more likely to have high blood pressure.

BLOOD PRESSURE MEDICATION PRACTICES

In the survey, all respondents who had ever been told that their blood pressure is high were asked if any medicine was currently prescribed for their high blood pressure. Of those persons who had ever been told that their blood pressure is high, 63 percent reported having a current blood pressure prescription. Of those with a current prescription for blood pressure medicine, 92 percent reported that they are currently taking medicine for their high blood pressure, 5 percent reported that they are taking the medicine "only occasionally" and 3 percent reported that they are not taking the medicine. Men were less likely than women to report having a current prescription and to report that they are taking their medicine (Figures 10 and 11).

TABLE 8

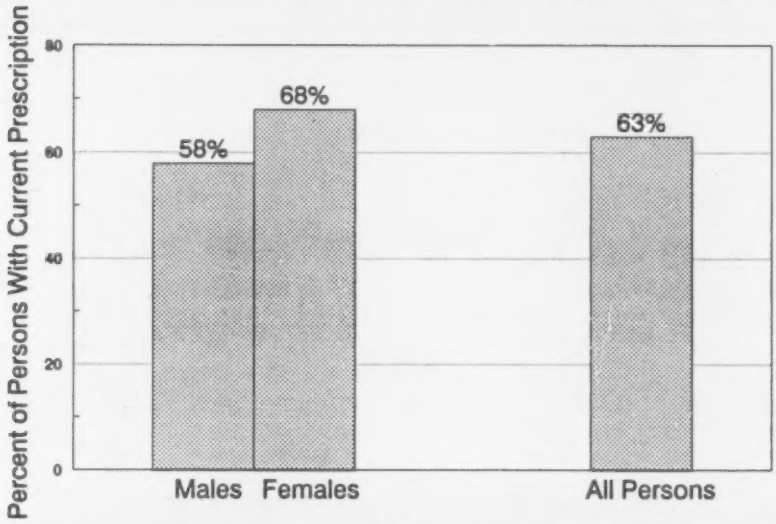
HIGH BLOOD PRESSURE STATUS BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS EVER TOLD THEY HAVE HIGH BLOOD PRESSURE		PERSONS WITH CURRENT HYPERTENSION	
	Number	Percent	Number	Percent
ALL PERSONS	554	23	458	19
SEX				
Male	239	22	193	18
Female	315	24	265	21
RACE AND HISPANIC ORIGIN				
White, non-Hispanic	474	22	392	19
Black, non-Hispanic	59	34	48	26
Hispanic	13	20	12	19
Other	8	31	6	18
AGE (IN YEARS)				
18-24	17	8	8	4
25-34	59	10	37	6
35-44	76	14	53	10
45-54	95	30	82	26
55-64	99	36	88	32
65 & Over	206	43	188	39
HOUSEHOLD INCOME				
Less Than $10,000	103	32	89	27
$10,000-$15,000	80	30	68	26
$15,000-$20,000	47	23	38	18
$20,000-$25,000	42	16	36	14
$25,000-$35,000	82	21	61	16
$35,000-$50,000	80	23	62	18
More Than $50,000	56	18	45	15
EDUCATION				
Less Than 9th Grade	47	32	44	30
Some High School	97	41	85	35
High School Graduate	239	24	194	20
Some Technical School	13	29	11	24
Technical School Graduate	9	12	7	10
Some College	58	15	45	11
College Graduate	55	18	41	15
Post Graduate	35	15	30	14

Data presented here were tabulated by the Centers for Disease Control (CDC). Any cell containing fewer than 50 respondents is considered by the CDC to be unreliable. Percentages were calculated using weighted data. Numbers represent the actual numbers of respondents.

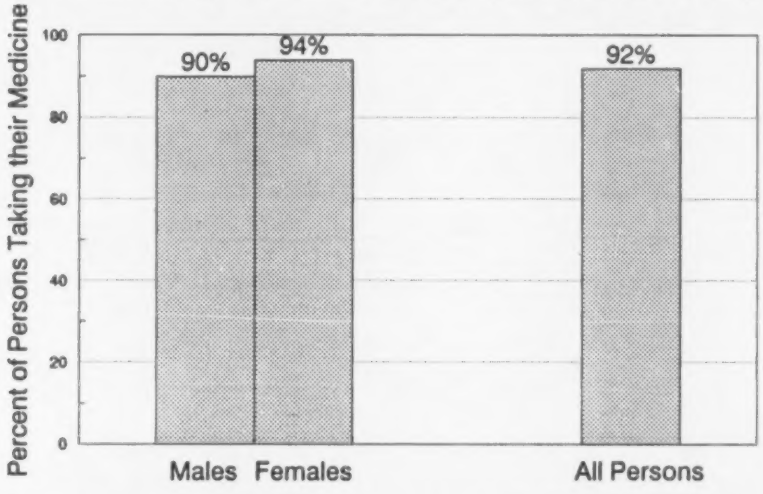
Current hypertension includes persons who had ever been told that their blood pressure is high more than once or persons who are taking blood pressure medication.

FIGURE 10. PERSONS WITH HIGH BLOOD PRESSURE, PERCENT WITH A CURRENT PRESCRIPTION FOR MEDICINE, BY SEX, PENNSYLVANIA, 1990



Of the males (n=239) and the females (n=315) who had ever been told more than once that they have high blood pressure, 141 males (58%) and 208 females (68%) reported that they have a current prescription for blood pressure medicine.

FIGURE 11. PERSONS WHO ARE TAKING THEIR BLOOD PRESSURE MEDICINE, PERCENT BY SEX, PENNSYLVANIA, 1990



Of the males (n=141) and the females (n=208) who have a current prescription for blood pressure medicine, 127 males (90%) and 197 females (94%) reported that they are currently taking medicine for high blood pressure.

CHOLESTEROL

Elevated cholesterol is one of the major risk factors contributing to heart disease. High cholesterol can be lowered through changing eating patterns to reduce the intake of saturated fat, total fat and dietary cholesterol, eliminating excess body weight and adhering to medication.

CHOLESTEROL CHECKS BY PENNSYLVANIANS

Figure 12 shows that 62 percent of the survey respondents ever had their blood cholesterol checked. Of these respondents, 93 percent had their cholesterol checked within the past two years.

Of those who ever had their cholesterol checked, 27 percent reported that they had ever been told by a doctor or other health professional that their cholesterol is high, and 20 percent were under the advice of a doctor to reduce their blood cholesterol or blood fat level. As shown in Figure 13, women were slightly more likely than men to be under doctor's advice to reduce cholesterol.

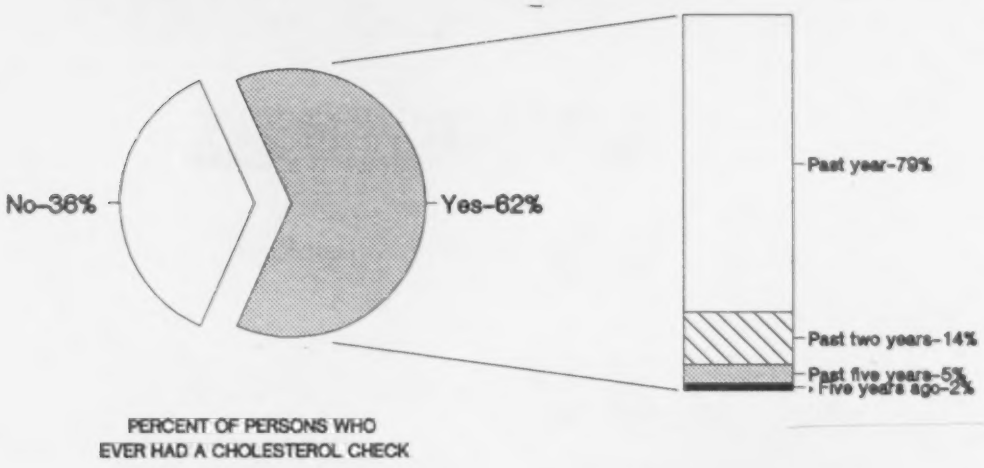
CHOLESTEROL REDUCTION PRACTICES REPORTED BY PERSONS UNDER DOCTOR'S ADVICE TO REDUCE CHOLESTEROL

Those persons who are under doctor's advice to reduce cholesterol were asked if their doctor had prescribed medication, provided a low fat or low cholesterol diet or referred them to a dietitian, nutritionist or nurse. Overall, 79 percent of those under doctor's advice to reduce their cholesterol reported that their doctor provided them with a low fat or low cholesterol diet (Figure 14). Dietary modification is recommended as the first strategy to pursue in the treatment of high cholesterol. Nineteen percent of those under doctor's advice to reduce cholesterol reported that their doctor had referred them to a dietitian, nutritionist or nurse for help in modifying their diet. Of those under doctor's advice to reduce cholesterol, 27 percent reported that their doctor had prescribed medicine to lower cholesterol.

CHOLESTEROL RISK STATUS

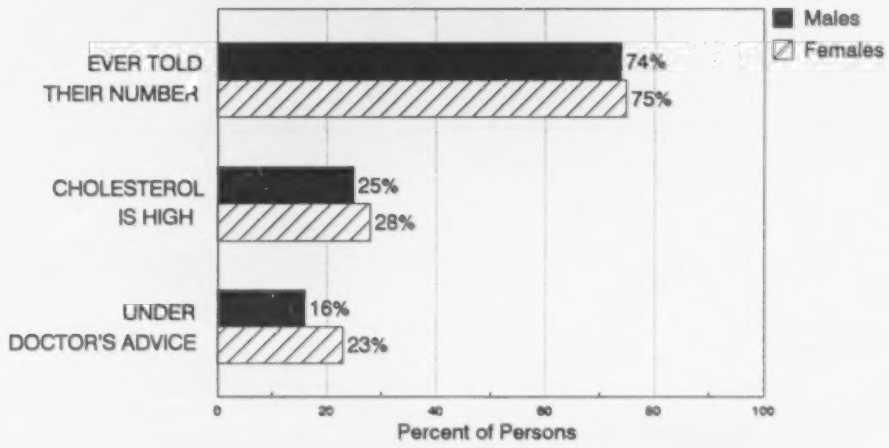
The National Cholesterol Education Program's recent campaign encouraged people to "know their (cholesterol) number." Figure 15 shows that most survey respondents did not know their actual number. These respondents included persons who had never been checked or had not been told their actual number and persons who couldn't remember their number. Of those who knew their number, about half were in the borderline to high risk range, with cholesterol levels of 200 mg/dl or higher.

FIGURE 12. PERSONS WHO HAVE EVER HAD THEIR CHOLESTEROL CHECKED, BY RECENCY OF LAST CHOLESTEROL CHECK, PENNSYLVANIA, 1990



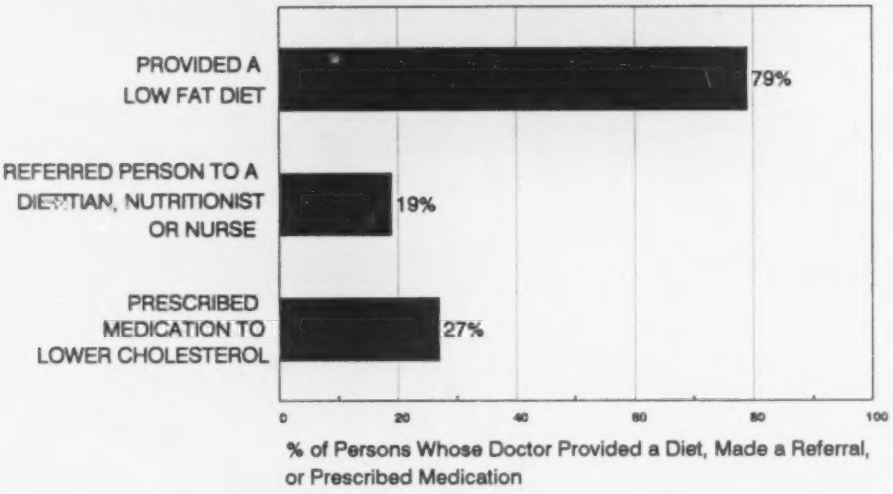
Number of persons who ever had their cholesterol checked = 1,530; number of persons who did not have their cholesterol checked = 883.
Percentages may not add to 100 due to rounding and the exclusion of unknowns/refusals.

FIGURE 13. PERSONS WHO HAVE EVER HAD A CHOLESTEROL CHECK: PERCENT WHO WERE TOLD THEIR CHOLESTEROL NUMBER, WHO WERE EVER TOLD THEIR CHOLESTEROL IS HIGH AND WHO ARE UNDER DOCTOR'S ADVICE TO REDUCE CHOLESTEROL, BY SEX, PENNSYLVANIA, 1990



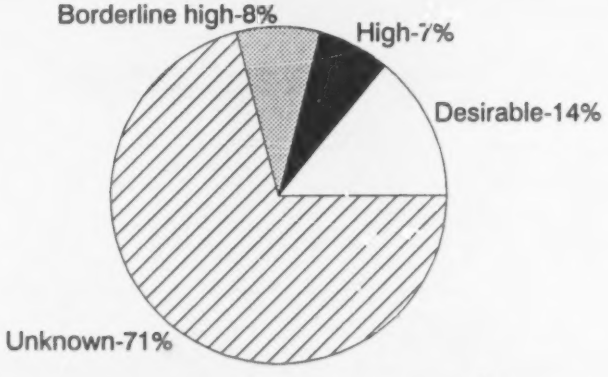
Number of males who have ever had their cholesterol checked = 663; number of females who have ever had their cholesterol checked = 867.

FIGURE 14. PERSONS WHO ARE UNDER DOCTOR'S ADVICE TO REDUCE CHOLESTEROL: PERCENT WHOSE DOCTOR PROVIDED A LOW FAT/CHOLESTEROL DIET, REFERRED PERSON TO A DIETITIAN, NUTRITIONIST OR NURSE AND PRESCRIBED MEDICATION TO LOWER CHOLESTEROL, PENNSYLVANIA, 1990



Number of persons who are under doctor's advice to reduce their blood cholesterol level was 286.

FIGURE 15. PERSONS WHOSE CHOLESTEROL LEVEL IS HIGH, BORDERLINE HIGH, DESIRABLE OR UNKNOWN, PENNSYLVANIA, 1990



Desirable includes persons who reported that their blood cholesterol is less than 200 mg/dl. Borderline high includes persons whose cholesterol is 200-239 mg/dl. High includes persons whose cholesterol is greater than or equal to 240 mg/dl. Unknown includes persons who had never been checked or had not been told their actual number and those who couldn't remember their number.

HIV INFECTION

An estimated one million Americans are infected with the human immunodeficiency virus (HIV). Half of those with HIV infection will develop AIDS within ten years of the infection if they receive no treatment. Although there is no cure for HIV/AIDS, drugs are effective in lengthening the lives of persons with HIV infection and in delaying the onset of symptoms. In Pennsylvania, HIV infection is among the ten leading causes of death for whites under age 45. For races other than white, HIV infection is among the top five causes of death for persons under age 45.

AWARENESS OF HIV/AIDS IN THE PENNSYLVANIA SURVEY

All respondents in the survey were asked if they had ever heard of the AIDS virus called HIV. Eighty percent of the respondents had heard of the AIDS virus called HIV (Table 9). Awareness levels were higher among those with higher levels of education and income.

Close to half of the respondents were aware of the fact that there are drugs available which can lengthen the life of a person with the AIDS virus (Table 10). Two out of three respondents were aware that persons with the AIDS virus can look and feel well and healthy (Table 11). Blacks, older persons and those with less education and lower income were less likely to be aware of the benefits of drug therapy and the asymptomatic nature of HIV infection in the early stages.

BELIEFS REGARDING TRANSMISSION OF HIV AND ATTITUDES TOWARD PERSONS WITH THE AIDS VIRUS

Misconceptions about the way HIV is transmitted have led to critical shortages in the blood supply, discrimination against persons with HIV infection and a failure by the public to adopt sexual practices and other precautions which would prevent the spread of HIV. As shown in Table 12, 30 percent of the respondents thought that they could get the AIDS virus from giving blood. Close to one out of five respondents thought that they could get the AIDS virus from mosquitoes or other insects (Table 13). Three out of five respondents would not be willing to eat in a restaurant where the cook is infected with the AIDS virus (Table 14). One out of five respondents would not be willing to work with a person who is infected with the AIDS virus (Table 15).

PUBLIC BELIEF IN EFFICACY OF CONDOMS FOR PREVENTING HIV TRANSMISSION

Although the proper use of condoms is not completely effective in preventing HIV transmission during sexual activity, it can greatly reduce the risk of transmission. All persons in the survey were told that some people use condoms to keep from getting the AIDS virus through sexual activity and were asked how effective they thought using a condom is in preventing getting the AIDS virus through sexual activity. Figure 16 shows that one out of three respondents thought that using a condom was very effective in preventing AIDS. An estimated 6 percent of respondents thought that condoms were not at all effective, and another 7 percent did not know how effective condoms were in protecting people from getting the AIDS virus.

AWARENESS OF SITES FOR HIV TESTING

All persons were asked to indicate where they could go to be tested for the AIDS virus. Figure 17 shows most of the sites mentioned by respondents. Hospitals, emergency rooms, private physicians and HMO's were the most frequently mentioned sites for testing. Few people (10 percent) refused to answer or did not know where to be tested.

ATTITUDES OF ADULTS WITH CHILDREN TOWARD AIDS EDUCATION AND THE INCLUSION OF CHILDREN WITH HIV IN THE CLASSROOM

By law, Pennsylvania schools must provide AIDS education at least once at the elementary, junior and senior high school levels. In our survey, persons who had a child or children in kindergarten through eighth grades were asked at what grade level their child should begin AIDS education in school. Over half of the persons with children (54 percent) reported that they thought that AIDS education in school should begin in the first through third grades (Figure 18). Another 33 percent thought that AIDS education should begin in the fourth through sixth grades. One percent of persons with children in K-8 grades indicated that children should never have AIDS education in school.

Persons with children in kindergarten through eighth grades were also asked if they would allow their child to be in the same classroom with a child who is infected with the AIDS virus. Nine percent of the persons with children indicated that they would not allow their child to be in the same classroom, while 15 percent refused to answer the question or they indicated that they did not know what they would do (Figure 19).

TABLE 9

AWARENESS OF THE AIDS VIRUS CALLED HIV,
BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION,
PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO HAVE HEARD OF THE AIDS/HIV VIRUS		PERSONS WHO HAVE NOT HEARD OF THE AIDS/HIV VIRUS		UNKNOWN/ REFUSED	
	Number	Percent	Number	Percent	Number	Percent
ALL PERSONS	2,004	80	428	19	36	1
SEX						
Male	880	80	199	19	9	1
Female	1,124	80	229	18	27	2
RACE AND HISPANIC ORIGIN						
White, non-Hispanic	1,767	80	386	19	31	1
Black, non-Hispanic	160	82	30	17	2	1
Hispanic	51	80	9	18	2	2
Other	26	86	3	10	1	4
AGE (IN YEARS)						
18-24	199	78	55	22	1	0.0
25-34	516	88	67	12	3	1
35-44	476	89	58	11	3	1
45-54	274	87	40	13	2	1
55-64	219	73	69	25	4	2
65 & Over	312	66	136	30	22	4
HOUSEHOLD INCOME						
Less Than $10,000	227	69	93	30	6	1
$10,000-$15,000	210	76	55	23	5	1
$15,000-$20,000	171	70	53	28	6	3
$20,000-$25,000	203	81	38	17	3	2
$25,000-$35,000	358	85	56	14	4	1
$35,000-$50,000	346	86	51	13	4	1
More Than $50,000	302	92	23	8	0	0
EDUCATION						
Less Than 9th Grade	77	54	57	43	4	3
Some High School	163	66	77	32	8	2
High School Graduate	827	79	194	20	15	1
Some Technical School	32	66	9	25	2	9
Technical School Graduate	66	95	3	5	0	0
Some College	330	88	39	11	3	1
College Graduate	298	88	35	11	4	1
Post Graduate	211	94	12	6	0	0

This table summarizes responses to the survey question: "Have you ever heard of the AIDS virus called HIV?" Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. A "0.0" denotes a percentage that is less than one but not equal to zero. Percentages may not add to 100 due to rounding. Numbers represent the actual numbers of respondents.

TABLE 10

AWARENESS THAT DRUGS CAN LENGTHEN THE LIFE OF A PERSON INFECTED WITH AIDS, BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO WERE AWARE THAT DRUGS CAN LENGTHEN THE LIFE OF A PERSON INFECTED WITH THE AIDS VIRUS					
	AWARE		NOT AWARE		REFUSED/UNKNOWN	
	Number	Percent	Number	Percent	Number	Percent
ALL PERSONS	1,232	49	621	26	615	25
SEX						
Male	531	48	291	28	266	25
Female	701	50	330	24	349	26
RACE AND HISPANIC ORIGIN						
White, non-Hispanic	1,105	50	534	25	545	25
Black, non-Hispanic	84	42	56	29	52	30
Hispanic	31	48	18	32	13	20
Other	12	48	13	37	5	14
AGE (IN YEARS)						
18-24	111	44	96	38	48	18
25-34	336	57	157	26	93	16
35-44	321	59	119	21	97	20
45-54	158	47	72	25	86	28
55-64	132	46	66	22	94	32
65 & Over	170	37	110	25	190	38
HOUSEHOLD INCOME						
Less Than $10,000	114	35	108	34	104	31
$10,000-$15,000	107	38	81	31	82	31
$15,000-$20,000	107	45	62	29	61	27
$20,000-$25,000	126	52	55	21	63	27
$25,000-$35,000	226	52	109	27	83	21
$35,000-$50,000	241	58	83	21	77	20
More Than $50,000	208	64	65	20	52	16
EDUCATION						
Less Than 9th Grade	30	22	45	35	63	44
Some High School	78	32	74	33	96	36
High School Graduate	463	44	286	27	287	29
Some Technical School	21	49	10	20	12	31
Technical School Graduate	41	61	17	25	11	14
Some College	215	59	98	26	59	15
College Graduate	218	63	58	17	61	20
Post Graduate	165	73	32	15	26	12

This table summarizes responses to the survey question: "To your knowledge, are there drugs available which can lengthen the life of a person infected with the AIDS virus?" "Aware" includes persons who responded "yes" to this question. "Not aware" includes persons who responded "no." "Refused/unknown" includes persons who responded "don't know" or refused to answer the question. Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding. Numbers represent the actual numbers of respondents.

TABLE 11

AWARENESS THAT PERSONS WITH AIDS CAN LOOK HEALTHY,
BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION,
PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO THOUGHT THAT A PERSON INFECTED WITH THE AIDS VIRUS CAN LOOK AND FEEL WELL AND HEALTHY					
	YES		NO		REFUSED/UNKNOWN	
	Number	Percent	Number	Percent	Number	Percent
ALL PERSONS	1,709	68	372	17	387	16
SEX						
Male	763	70	156	15	169	15
Female	946	66	216	18	218	16
RACE AND HISPANIC ORIGIN						
White, non-Hispanic	1,534	69	315	16	335	15
Black, non-Hispanic	117	57	36	21	39	22
Hispanic	38	65	14	23	10	12
Other	20	69	7	21	3	10
AGE (IN YEARS)						
18-24	206	79	36	17	13	4
25-34	482	82	54	10	50	8
35-44	415	76	78	15	44	9
45-54	218	69	46	15	52	16
55-64	175	59	48	18	69	23
65 & Over	207	44	108	25	155	31
HOUSEHOLD INCOME						
Less Than $10,000	161	49	76	26	89	25
$10,000-$15,000	145	51	60	25	65	24
$15,000-$20,000	164	69	37	19	29	12
$20,000-$25,000	179	74	40	18	25	9
$25,000-$35,000	320	74	51	14	47	12
$35,000-$50,000	332	80	37	11	32	9
More Than $50,000	267	81	29	9	29	10
EDUCATION						
Less Than 9th Grade	40	30	41	31	57	39
Some High School	117	46	52	23	79	31
High School Graduate	695	67	174	18	167	15
Some Technical School	31	72	5	11	7	17
Technical School Graduate	55	82	10	13	4	4
Some College	302	79	39	13	31	8
College Graduate	271	78	39	13	27	9
Post Graduate	198	88	11	5	14	7

This table summarizes responses to the survey question: "Do you think a person who is infected with the AIDS virus can look and feel well and healthy?" Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding. Numbers represent the actual numbers of respondents.

TABLE 12

BELIEF IN BECOMING INFECTED WITH THE AIDS VIRUS FROM GIVING BLOOD, BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO THOUGHT THAT YOU CAN GET THE AIDS VIRUS FROM GIVING BLOOD					
	YES		NO		REFUSED/UNKNOWN	
	Number	Percent	Number	Percent	Number	Percent
ALL PERSONS	704	30	1,565	62	199	8
SEX						
Male	338	33	674	60	76	8
Female	366	28	891	63	123	9
RACE AND HISPANIC ORIGIN						
White, non-Hispanic	613	30	1,422	63	149	7
Black, non-Hispanic	61	32	95	49	36	19
Hispanic	23	41	28	44	11	15
Other	7	27	20	66	3	8
AGE (IN YEARS)						
18-24	80	34	163	62	12	5
25-34	130	24	430	72	26	4
35-44	152	29	363	66	22	5
45-54	93	31	201	62	22	8
55-64	88	30	169	58	35	13
65 & Over	156	33	235	50	79	17
HOUSEHOLD INCOME						
Less Than $10,000	119	37	151	45	56	18
$10,000-$15,000	90	36	151	54	28	10
$15,000-$20,000	75	35	140	58	15	7
$20,000-$25,000	75	32	154	62	15	6
$25,000-$35,000	116	29	284	66	18	5
$35,000-$50,000	101	27	287	69	13	4
More Than $50,000	65	22	252	76	8	2
EDUCATION						
Less Than 9th Grade	62	42	41	32	35	26
Some High School	86	36	121	48	41	15
High School Graduate	337	35	610	57	89	9
Some Technical School	12	27	26	60	5	13
Technical School Graduate	13	17	55	82	1	2
Some College	86	24	273	72	13	4
College Graduate	70	19	258	78	9	3
Post Graduate	38	19	180	78	5	3

This table summarizes responses to the survey question: "There has been a lot of talk about how you can and cannot get infected with the AIDS virus. Do you think you can get infected from giving blood?" "Yes" includes persons who responded "yes" to this question; "no" includes persons who responded "no"; "refused/unknown" includes persons who refused to answer or responded "don't know." Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding. Numbers represent the actual numbers of respondents.

TABLE 13

BELIEF IN BECOMING INFECTED WITH THE AIDS VIRUS
FROM MOSQUITOES OR OTHER INSECTS,
BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION,
PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO THOUGHT THAT YOU CAN GET THE AIDS VIRUS FROM MOSQUITOES OR OTHER INSECTS					
	YES		NO		REFUSED/UNKNOWN	
	Number	Percent	Number	Percent	Number	Percent
ALL PERSONS	455	19	1,501	60	512	21
SEX						
Male	246	23	654	59	188	18
Female	209	15	847	61	324	24
RACE AND HISPANIC ORIGIN						
White, non-Hispanic	389	18	1,344	60	451	21
Black, non-Hispanic	44	23	103	55	45	23
Hispanic	12	21	40	63	10	16
Other	10	31	14	50	6	19
AGE (IN YEARS)						
18-24	47	19	175	69	33	12
25-34	96	17	415	71	75	13
35-44	89	16	366	68	82	16
45-54	61	20	192	58	63	22
55-64	61	21	160	53	71	26
65 & Over	98	21	189	42	183	37
HOUSEHOLD INCOME						
Less Than $10,000	86	27	149	47	91	27
$10,000-$15,000	53	22	128	47	89	31
$15,000-$20,000	51	24	135	55	44	22
$20,000-$25,000	47	20	164	65	33	15
$25,000-$35,000	78	19	270	63	70	18
$35,000-$50,000	61	16	287	70	53	15
More Than $50,000	31	9	256	79	38	12
EDUCATION						
Less Than 9th Grade	42	29	37	32	59	39
Some High School	61	26	107	41	80	33
High School Graduate	223	22	589	56	224	22
Some Technical School	7	10	24	58	12	32
Technical School Graduate	8	9	47	66	14	25
Some College	54	15	263	70	55	16
College Graduate	45	13	250	75	42	12
Post Graduate	15	8	183	81	25	12

This table summarizes responses to the survey question: "There has been a lot of talk about how you can and cannot get infected with the AIDS virus. Do you think you can get infected from mosquitoes or other insects?" "Yes" includes persons who responded "yes" to this question; "no" includes persons who responded "no"; "refused/unknown" includes persons who refused to answer or responded "don't know". Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding. Numbers represent the actual numbers of respondents.

TABLE 14

WILLINGNESS TO EAT IN A RESTAURANT WHERE THE COOK IS INFECTED WITH THE AIDS VIRUS, BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO WOULD EAT IN A RESTAURANT WHERE THE COOK IS INFECTED WITH THE AIDS VIRUS					
	YES		NO		REFUSED/UNKNOWN	
	Number	Percent	Number	Percent	Number	Percent
ALL PERSONS	641	25	1,493	61	334	13
SEX						
Male	263	24	715	66	110	10
Female	378	27	778	57	224	16
RACE AND HISPANIC ORIGIN						
White, non-Hispanic	575	26	1,317	61	292	13
Black, non-Hispanic	42	20	123	65	27	15
Hispanic	16	29	38	61	8	11
Other	8	32	15	50	7	19
AGE (IN YEARS)						
18-24	79	33	147	57	29	11
25-34	214	36	307	54	65	11
35-44	151	27	325	60	61	13
45-54	96	30	181	58	39	12
55-64	50	17	201	70	41	13
65 & Over	48	11	327	70	95	19
HOUSEHOLD INCOME						
Less Than $10,000	53	18	218	67	55	15
$10,000-$15,000	60	23	163	61	47	17
$15,000-$20,000	46	19	157	70	27	11
$20,000-$25,000	60	23	156	65	28	12
$25,000-$35,000	147	32	232	58	39	9
$35,000-$50,000	123	31	226	56	52	12
More Than $50,000	114	34	180	55	31	11
EDUCATION						
Less Than 9th Grade	12	11	107	78	19	11
Some High School	43	20	158	63	47	18
High School Graduate	251	24	653	63	132	13
Some Technical School	8	19	30	70	5	11
Technical School Graduate	21	34	38	54	10	12
Some College	111	29	213	58	48	14
College Graduate	107	30	187	57	43	13
Post Graduate	88	36	105	50	30	14

This table summarizes responses to the survey question: ."Would you eat in a restaurant where the cook is infected with the AIDS virus?" "Yes" includes persons who responded "yes" to this question; "no" includes persons who responded "no"; "refused/unknown" includes persons who refused to answer or responded "don't know" or "not sure." Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding. Numbers represent the actual numbers of respondents.

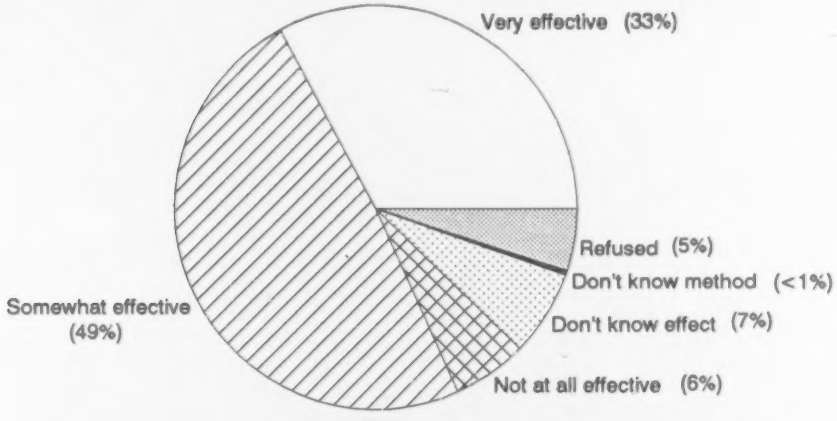
TABLE 15

WILLINGNESS TO WORK WITH A PERSON WHO IS INFECTED WITH THE AIDS VIRUS, BY SEX, RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO WOULD BE WILLING TO WORK WITH A PERSON WHO IS INFECTED WITH THE AIDS VIRUS					
	YES		NO		REFUSED/UNKNOWN	
	Number	Percent	Number	Percent	Number	Percent
ALL PERSONS	1,688	67	474	20	306	13
SEX						
Male	731	67	239	23	118	11
Female	957	68	235	18	188	14
RACE AND HISPANIC ORIGIN						
White, non-Hispanic	1,504	68	408	20	272	13
Black, non-Hispanic	122	62	48	27	22	12
Hispanic	41	68	11	17	10	15
Other	21	71	7	24	2	5
AGE (IN YEARS)						
18-24	183	71	48	20	24	10
25-34	460	78	72	13	54	9
35-44	408	76	80	15	49	9
45-54	226	72	53	17	37	12
55-64	179	60	68	25	45	16
65 & Over	229	49	152	33	89	18
HOUSEHOLD INCOME						
Less Than $10,000	183	57	96	29	47	14
$10,000-$15,000	160	59	61	23	49	19
$15,000-$20,000	156	67	46	23	28	11
$20,000-$25,000	162	62	54	27	28	11
$25,000-$35,000	317	75	64	16	37	9
$35,000-$50,000	311	76	60	16	30	8
More Than $50,000	267	83	32	10	26	7
EDUCATION						
Less Than 9th Grade	53	40	56	39	29	21
Some High School	143	61	64	24	41	15
High School Graduate	673	64	221	22	142	14
Some Technical School	27	59	9	24	7	16
Technical School Graduate	53	78	10	14	6	9
Some College	275	72	58	17	39	10
College Graduate	276	81	35	12	26	7
Post Graduate	187	82	21	11	15	7

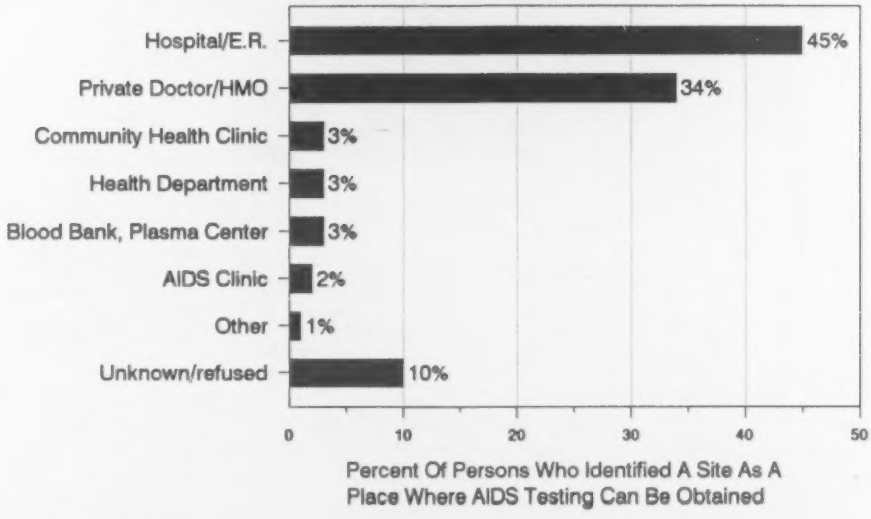
This table summarizes responses to the survey question: "Would you be willing to work with a person who is infected with the AIDS virus?" "Yes" includes persons who responded "yes" to this question; "no" includes persons who responded "no"; "refused/unknown" includes persons who refused to answer or responded "don't know" or "not sure." Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding. Numbers represent the actual numbers of respondents.

FIGURE 16. BELIEF IN EFFECTIVENESS OF CONDOMS IN PREVENTING PEOPLE FROM GETTING THE AIDS VIRUS THROUGH SEXUAL ACTIVITY, PENNSYLVANIA, 1990



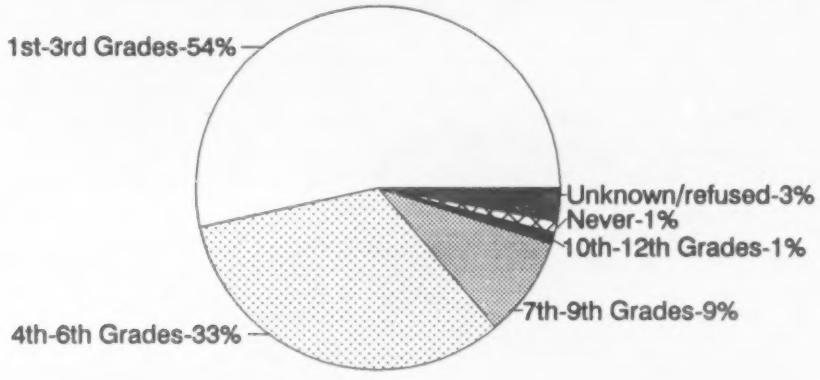
This figure is based on responses to the question "How effective is using condoms in preventing getting the AIDS virus through sexual activity?"

FIGURE 17. VARIOUS SITES WHERE AIDS TESTING CAN BE OBTAINED, PERCENT OF PERSONS WHO IDENTIFIED EACH SITE, PENNSYLVANIA, 1990



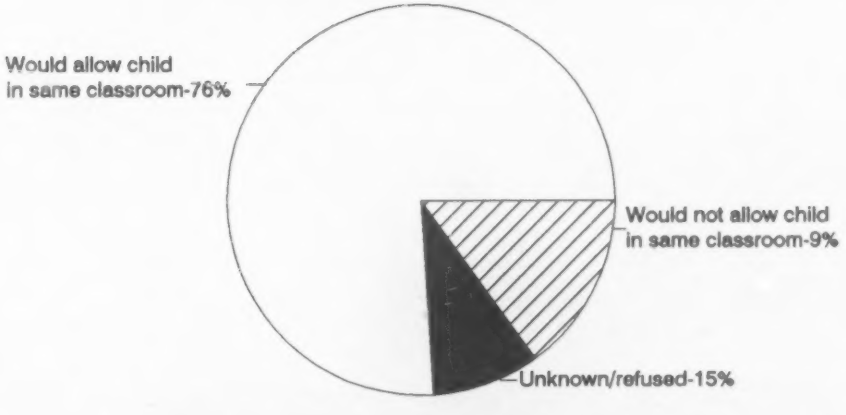
This figure is based on responses to the question "Where would you go to be tested for the AIDS virus infection?"

FIGURE 18. PERSONS WITH CHILDREN IN KINDERGARTEN THROUGH EIGHTH GRADES--GRADES AT WHICH THEIR CHILDREN SHOULD BEGIN AIDS EDUCATION IN SCHOOL, PENNSYLVANIA, 1990



Of the 585 persons with children in K-8 grades, 54% thought their children should begin AIDS education in the first through third grades.

FIGURE 19. PERSONS WITH CHILDREN IN KINDERGARTEN THROUGH EIGHTH GRADES--WILLINGNESS TO ALLOW THEIR CHILDREN TO BE IN THE SAME CLASSROOM WITH A CHILD INFECTED WITH THE AIDS VIRUS, PENNSYLVANIA, 1990



Of the 585 persons with children in K-8 grades, 76% would allow their children to be in the same classroom with a child who is infected with the AIDS virus.

SEAT BELT USE

Unintentional injuries ranked as the fifth leading cause of death in Pennsylvania during 1990. Motor vehicle injuries accounted for 44 percent of these fatalities. The Pennsylvania Department of Transportation estimated that 552 lives would have been saved in 1990 if all Pennsylvanians wore their seat belts.

As shown in the table below, 26 percent of the respondents in the survey risked injury from motor vehicle crashes because they reported that they "sometimes," "seldom" or "never" use seat belts when driving or riding in a car. Men were more likely than women to use seat belts infrequently or not at all. Other groups with higher rates of irregular or nonuse of seat belts were Blacks and persons with less education.

TABLE 16

PERSONS WHO "SOMETIMES," "SELDOM" OR "NEVER" USE A SEAT BELT WHEN DRIVING OR RIDING IN A CAR, BY SEX, AGE, RACE AND HISPANIC ORIGIN, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO ARE AT RISK		DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO ARE AT RISK	
	Number	Percent		Number	Percent
ALL PERSONS	651	26	HOUSEHOLD INCOME		
			Less Than $10,000	94	26
SEX			$10,000-$15,000	83	31
Male	337	30	$15,000-$20,000	66	26
Female	314	22	$20,000-$25,000	79	32
			$25,000-$35,000	107	26
AGE (IN YEARS)			$35,000-$50,000	111	28
18-24	79	28	More Than $50,000	50	16
25-34	157	26			
35-44	132	24	EDUCATION		
45-54	94	30	Less Than 9th Grade	50	35
55-64	77	26	Some High School	79	31
65 & Over	109	23	High School Grad	314	28
			Some Technical Sch	10	25
RACE/HISPANIC ORIGIN			Technical Sch Grad	22	31
White, non-Hispanic	573	26	Some College	88	23
Black, non-Hispanic	58	30	College Graduate	61	19
Hispanic	15	24	Post Graduate	26	11
Other	5	15			

Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Numbers represent the actual numbers of respondents.

ROUTINE CHECKUPS

Detection procedures for cancer, heart disease and other major health problems can be provided by physicians during routine checkups. The 1990 survey described the routine checkup as a visit to a doctor when people are feeling well and have not been sick. Respondents were asked how long it had been since they last visited a doctor for a routine checkup.

Overall, 82 percent of the survey respondents had visited their doctor for a routine checkup within the past two years, as shown in Table 17. Women were more likely than men to have gone to their doctors for a routine checkup within the past two years.

The family or general practitioner was the type of physician visited for the last routine checkup by 82 percent of men and 64 percent of women in the survey. Internists were seen by 7 percent of men and 8 percent of women for their last routine checkup. Obstetricians/gynecologists were visited by 20 percent of women for their last routine checkup.

TABLE 17

PERSONS WHO VISITED A DOCTOR FOR A ROUTINE CHECKUP BY RECENCY OF LAST ROUTINE CHECKUP, BY SEX AND AGE, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO HAD LAST ROUTINE CHECKUP: WITHIN PAST YEAR No.	%	WITHIN PAST 1-2 YEARS No.	%	WITHIN PAST 5 YEARS No.	%	MORE THAN 5 YEARS AGO No.	%	NEVER No.	%
ALL PERSONS	1,674	69	332	13	191	8	211	8	53	2
SEX										
Male	650	62	173	16	119	11	116	10	29	2
Female	1,024	75	159	11	72	5	95	7	24	2
AGE (IN YEARS)										
18-24	185	73	37	14	18	7	11	4	2	1
25-34	335	57	107	18	67	12	61	10	15	3
35-44	323	60	77	14	53	11	63	12	19	3
45-54	214	68	42	14	27	8	26	8	5	2
55-64	217	75	35	12	16	5	18	6	6	2
65 & Over	392	83	32	7	9	2	31	7	6	1

Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and the exclusion of persons who refused to answer the question or responded "don't know." Numbers represent the actual numbers of respondents.

DIABETES

All survey respondents were asked if they had ever been told by a doctor that they have diabetes. As shown below, 6 percent of the survey respondents had ever been told they have diabetes.

TABLE 18

PERSONS WHO HAD EVER BEEN TOLD BY A DOCTOR
THAT THEY HAVE DIABETES,
BY SEX AND AGE, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	PERSONS WHO HAD BEEN TOLD BY A DOCTOR THAT THEY HAVE DIABETES			
	YES		NO	
	Number	Percent	Number	Percent
ALL PERSONS	138	6	2,324	94
SEX				
Male	51	5	1,035	95
Female	87	7	1,289	93
AGE (IN YEARS)				
18-24	2	1	253	99
25-34	16	3	570	97
35-44	8	2	527	98
45-54	16	5	300	95
55-64	29	10	262	89
65 & over	63	13	404	86

Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Percentages may not add to 100 due to rounding and the exclusion of data from persons who responded "don't know" to the question. Numbers represent the actual numbers of respondents.

MAMMOGRAPHY

Nearly one out of nine women will be diagnosed with breast cancer during her lifetime. Routine breast examination by a physician or other health professional and mammography are the most effective means to detect cancer early and improve survival. The American Cancer Society recommends a baseline mammogram for women aged 35-39, mammograms every 1-2 years for women aged 40-49 and mammograms every year for women aged 50 and older. In addition, a breast physical examination conducted by a health professional is recommended every three years for women aged 20-40 and every year for women over age 40.

Women in the Pennsylvania survey were asked if they had ever had a mammogram and if they had ever had a breast physical exam by a doctor or a medical assistant. Of women aged 40 and older, 68 percent reported that they had ever had a mammogram, and 88 percent had ever had a physical breast exam (Table 19). Only 60 percent of all women aged 50 and older had ever had both a mammogram and a breast physical exam (Figure 20).

All women who had ever had a mammogram were asked if their last mammogram was done as part of a routine checkup, because of a breast problem or because they already had breast cancer. Routine checkup was the most common reason given by women (Figure 21). Women aged 18-34 were more likely than older women to give breast problem as the reason for the mammogram, while women aged 35 and older were more likely to give routine checkup as the reason for the mammogram.

All women who had ever had a mammogram also were asked whose idea it was to have their last mammogram. Figure 22 shows that most women in the survey who had ever had a mammogram reported that their last mammogram was their doctor's idea.

Women who are most at risk for suffering from the consequences of having breast cancer diagnosed at later stages are those women aged 50 and older who do not have a mammogram every year and women aged 40-49 who do not have a mammogram every 1-2 years. While the survey did not ask how frequently women had mammograms, it did include a question concerning when the last mammogram was done. Of all women aged 40-49, 25 percent reported that they had never had a mammogram, and 10 percent had their last mammogram over two years ago. Of all women aged 50 and over, 34 percent had never had a mammogram and 19 percent had had their last mammogram over a year ago.

Women who had not had a mammogram within the past year were asked the most important reason why they had not had a mammogram in the last year. Over half of women aged 50 and over who had not had a mammogram in the past year reported that the mammogram was not needed or that the doctor hadn't recommended it as their reasons for not having had a mammogram in the past year (Figure 23).

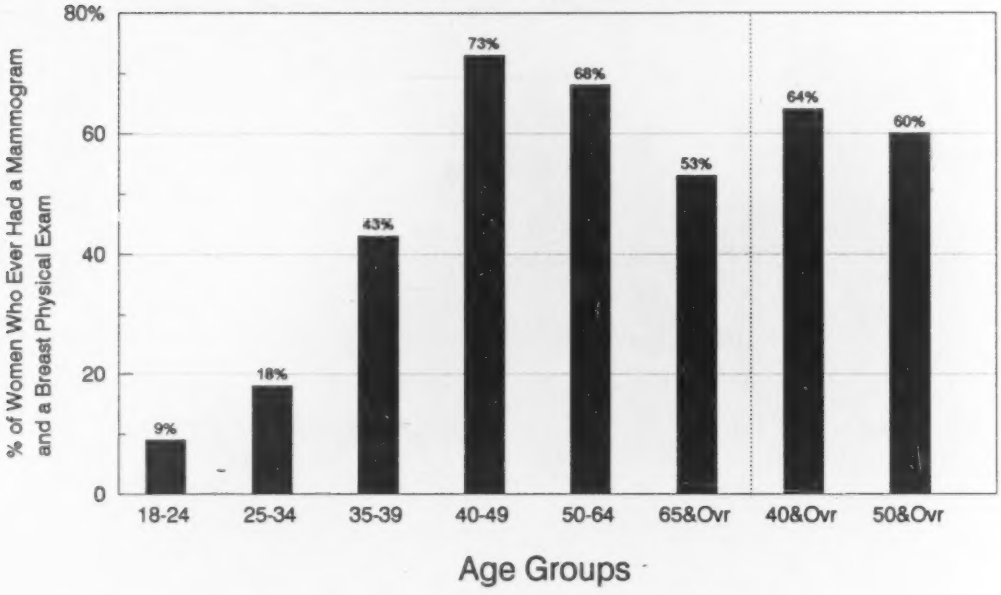
TABLE 19

WOMEN WHO HAD EVER HAD A MAMMOGRAM AND A BREAST PHYSICAL EXAM, BY RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	WOMEN WHO HAD EVER HAD A MAMMOGRAM		WOMEN WHO HAD EVER HAD A BREAST PHYSICAL EXAM	
	Number	Percent	Number	Percent
ALL FEMALES	652	49	1,242	89
RACE AND HISPANIC ORIGIN				
White, non-Hispanic	577	49	1,097	89
Black, non-Hispanic	62	55	112	89
Hispanic	10	42	19	76
Other	3	15	14	79
AGE (IN YEARS)				
18-24	14	12	109	79
25-34	58	19	310	96
35-39	76	43	166	97
40-49	157	76	203	96
50-64	167	72	210	89
65 & Over	174	59	236	81
40 & Over	498	68	649	88
50 & Over	341	65	446	85
HOUSEHOLD INCOME				
Less Than $10,000	118	54	192	78
$10,000-$15,000	71	42	140	85
$15,000-$20,000	52	44	117	93
$20,000-$25,000	58	48	120	93
$25,000-$35,000	95	46	201	93
$35,000-$50,000	90	52	185	98
More Than $50,000	79	55	141	93
EDUCATION				
Less Than 9th Grade	50	61	69	84
Some High School	76	56	113	80
High School Graduate	272	48	542	88
Some Technical School	14	48	26	96
Technical School Graduate	21	57	36	92
Some College	79	37	184	91
College Graduate	78	48	164	94
Post Graduate	62	57	108	96

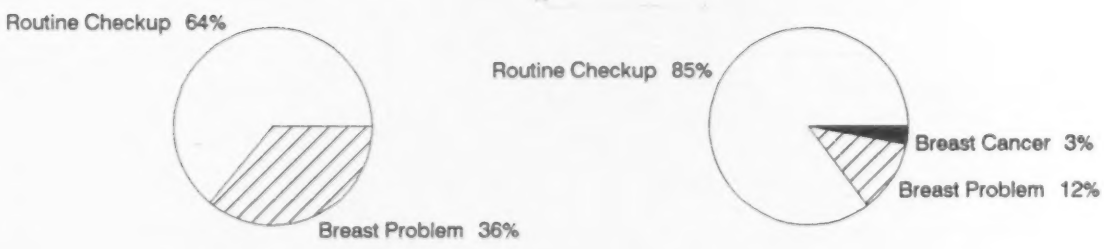
Data presented here were tabulated by the Centers for Disease Control (CDC) and the Division of Health Statistics and Research in the Pennsylvania Department of Health. Any cell containing fewer than 50 respondents is considered by the CDC to be unreliable. Percentages were calculated using weighted data. Numbers represent the actual numbers of respondents.

FIGURE 20. WOMEN WHO HAD EVER HAD A MAMMOGRAM AND A BREAST PHYSICAL EXAM, PERCENT BY AGE, PENNSYLVANIA, 1990



Number of women who had ever had a mammogram and a breast physical exam = 616.

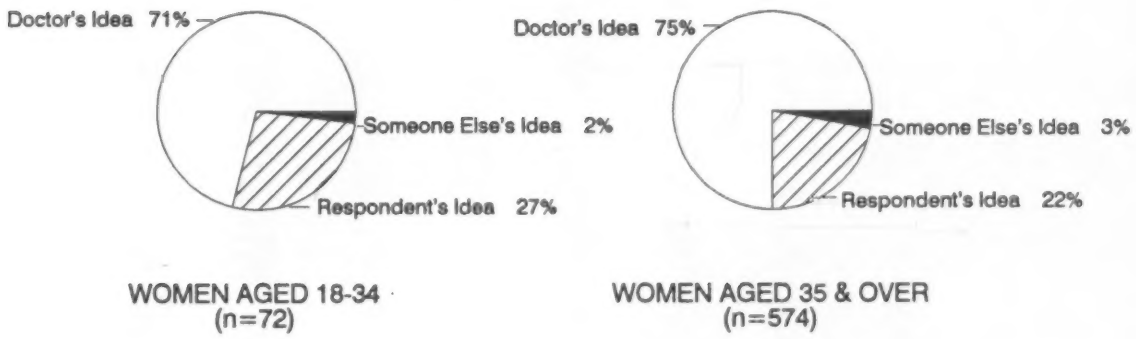
FIGURE 21. WOMEN WHO HAD EVER HAD A MAMMOGRAM-- REASONS WHY LAST MAMMOGRAM WAS DONE, PERCENT BY AGE, PENNSYLVANIA, 1990



WOMEN AGED 18-34
(n=72)

WOMEN AGED 35 & OVER
(n=574)

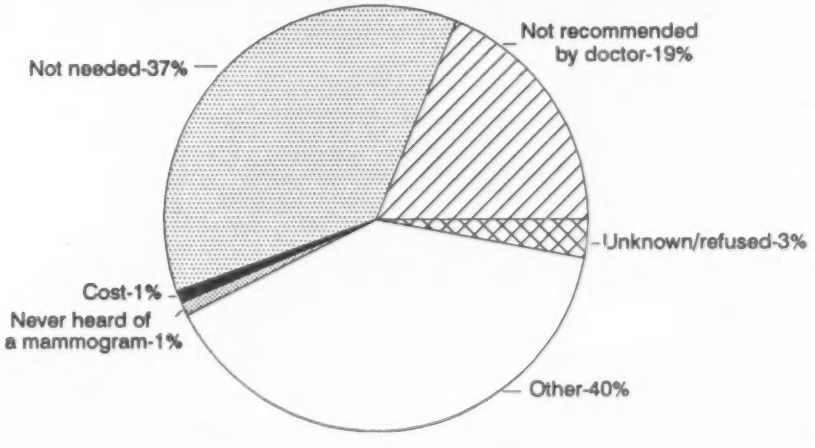
FIGURE 22. WOMEN WHO HAD EVER HAD A MAMMOGRAM-- PERSON WHOSE IDEA IT WAS TO HAVE THE LAST MAMMOGRAM DONE, PERCENT BY AGE, PENNSYLVANIA, 1990



WOMEN AGED 18-34 (n=72)

WOMEN AGED 35 & OVER (n=574)

FIGURE 23. WOMEN AGED 50 AND OLDER WHO HAD NOT HAD A MAMMOGRAM IN THE PAST YEAR--REASONS FOR NOT HAVING HAD A MAMMOGRAM LAST YEAR, PENNSYLVANIA, 1990



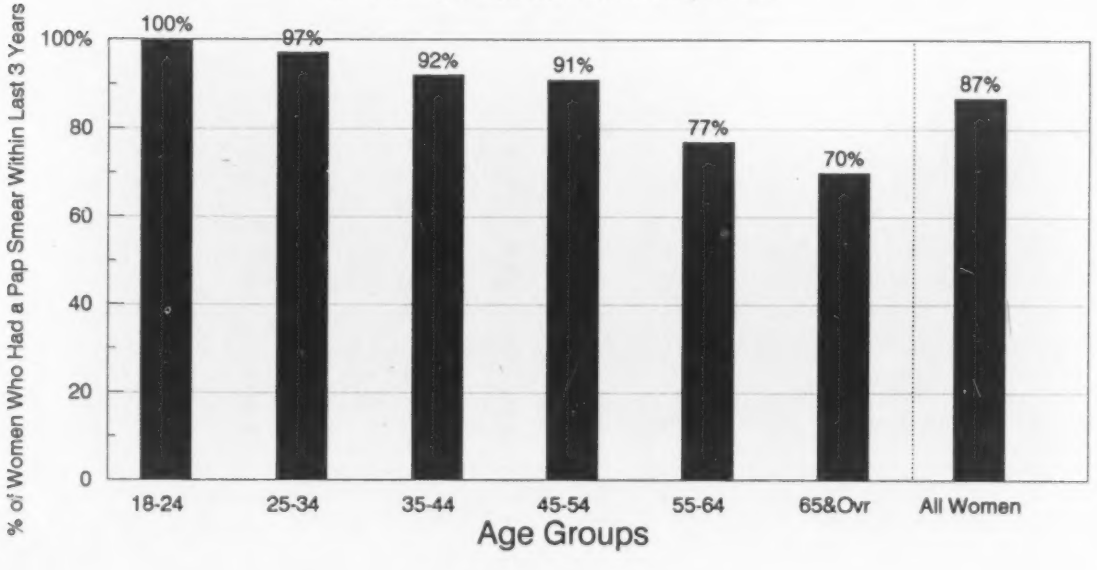
Percentages do not add to 100 due to rounding.
The number of women aged 50 & older who did not have a mammogram in the past year was 105.

PAP SMEAR TEST

Periodic Pap smear tests are effective in detecting cervical cancer. The American Cancer Society recommends annual Pap smears for all women who are or have been sexually active or have reached age 18. Once three or more annual smears have been normal, Pap smears should be done every three years unless more frequent testing is recommended by a physician.

Table 20 shows that almost all women in the Pennsylvania survey (98 percent) had ever heard of a Pap smear test. Of those women who had ever heard of a Pap smear, 94 percent had ever had a Pap smear. Of those who had ever had a Pap smear, 87 percent had had their most recent Pap smear within the past three years (Figure 24). Of all women who had ever had a Pap smear, women aged 55 and older were the least likely to have had a Pap smear within the past three years.

FIGURE 24. WOMEN WHO HAD EVER HAD A PAP SMEAR TEST--PERCENT WHO HAD HAD THEIR LAST TEST WITHIN THE PAST THREE YEARS, BY AGE, PENNSYLVANIA, 1990



The percentages represent women who had had their last Pap smear test within the past three years out of all women who had ever had a Pap smear test.
In the survey, 1,274 women reported that they had ever had a Pap smear test.

TABLE 20

WOMEN WHO HAD EVER HEARD OF AND HAD A PAP SMEAR TEST, BY RACE AND HISPANIC ORIGIN, AGE, INCOME AND EDUCATION, PENNSYLVANIA, 1990

DEMOGRAPHIC CHARACTERISTIC	WOMEN WHO HAD EVER HEARD OF THE PAP SMEAR TEST		WOMEN WHO HAD EVER HAD A PAP SMEAR TEST	
	Number	Percent*	Number	Percent**
ALL FEMALES	1,350	98	1,274	94
RACE AND HISPANIC ORIGIN				
White, non-Hispanic	1,194	98	1,123	93
Black, non-Hispanic	120	97	117	96
Hispanic	23	94	22	98
Other	13	77	12	90
AGE (IN YEARS)				
18-24	129	96	107	80
25-34	320	99	312	97
35-44	282	99	279	98
45-54	174	100	167	96
55-64	159	99	153	96
65 & Over	276	96	246	91
HOUSEHOLD INCOME				
Less Than $10,000	226	96	206	89
$10,000-$15,000	156	97	145	93
$15,000-$20,000	125	99	120	96
$20,000-$25,000	125	98	121	98
$25,000-$35,000	212	100	204	95
$35,000-$50,000	189	100	184	97
More Than $50,000	148	100	142	94
EDUCATION				
Less Than 9th Grade	73	91	67	92
Some High School	136	98	125	90
High School Graduate	596	98	563	94
Some Technical School	28	100	28	100
Technical School Graduate	39	100	37	95
Some College	199	100	187	92
College Graduate	170	98	162	95
Post Graduate	108	98	105	96

*This column indicates the percent of women who had ever heard of the Pap smear test out of all women in the survey.
**This column indicates the percent of women who had ever had a Pap smear test out of those women who had ever heard of a Pap smear test.

Data presented here were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable. Percentages were calculated using weighted data. Numbers represent the actual numbers of respondents.

APPENDIX A - TECHNICAL NOTES

SURVEY METHODS

The data from the 1990 Behavioral Risk Factor Surveillance System were collected by means of telephone interviews. The primary advantage of telephone interview surveys compared to household surveys is efficiency. The disadvantage is that telephone surveys exclude households that lack telephones. According to the Federal Communications Commission, an estimated three percent of Pennsylvania households lack telephones.

SAMPLING DESIGN

The sampling, interviewing and data editing were conducted by the University of Wisconsin under contract with the Pennsylvania Department of Health. The University of Wisconsin used two types of sampling during 1990. For the telephone interviews conducted during the months of January through April, the University of Wisconsin used a three-stage cluster design as developed by the Centers for Disease Control based on Waksberg's random digit dialing technique.

The first stage of sampling consisted of selecting the primary sampling units (clusters) to be included in the survey. The primary sampling unit is the first eight digits of the ten-digit telephone number (i.e., area code and next five digits). The primary sampling unit (PSU) was randomly selected from the universe of all possible eight-digit telephone numbers in the State.

In the second stage of sampling, two randomly selected numbers were added to the eight-digit PSU, and the resulting ten-digit number was called to determine if it was a residential telephone. If it was not residential, the PSU (and the entire cluster of 100 numbers which were formed by adding all combinations of two digits to the PSU) was rejected from the sample. If the telephone was a residential telephone, the PSU was retained in the sample. The telephone numbers which were called within the PSU were generated randomly by adding two digits to the PSU. An attempt was made to obtain three interviews from each PSU.

The third stage of sampling consisted of selecting the respondent to be interviewed. An eligible respondent was any person who was 18 years of age or older and who resided in the household. One respondent per household was selected for the interview by means of computer-generated random numbers.

For the interviews conducted during the months of May through December, respondents were selected using a two-stage random digit dialing sample design. This design was used in order to increase the survey response rate. In the first selection stage, a proportionate stratified random sample of telephone numbers was selected from the universe of all possible Pennsylvania telephone numbers. These are telephone numbers which begin with the area code and exchange prefixes specific to Pennsylvania. These numbers were called to determine if they were residential telephone numbers.

In this, the first stage of sampling, nonresidential telephone numbers were discarded from the sample. Residential numbers were subjected to the second stage of sampling.

The second stage of sampling consisted of selecting the respondent to be interviewed. Respondents were selected randomly using the same procedure as used in the third stage of the Waksberg design.

SURVEY QUESTIONNAIRE

Forty-four states and the District of Columbia participated in the Behavioral Risk Factor Surveillance System during 1990. All states used the same core questionnaire. A copy of the questionnaire is included in Appendix D.

The questionnaire was developed by the Centers for Disease Control. Many of the items had been used in previous years. All of the new items were field-tested.

Items on county of residence, Pap smear and dietary fat were added to the core questionnaire. These items had also been developed by the Centers for Disease Control as optional modules which states could incorporate in their surveys.

RESPONSE RATES

The survey questionnaire was placed on the University of Wisconsin's computer-assisted telephone interviewing system and tested to assure that question wording, flow and contingency skips were followed as intended. Interviewers received training on the 1990 version of the questionnaire.

All interviews were completed within the dates specified by the Centers for Disease Control for each month. Interviews were conducted in the evenings and on weekends in order to reach people when they are more likely to be at home. At least six calls were placed at different times of the day and night and different days of the week before any sample number was classified as "no answer."

The majority of people who refused to participate in the survey were recontacted by interviewers who were experienced in converting refusals to completed interviews.

Ten percent of all completed interviews were verified by recontacting the indicated respondent. A probability sample was selected for the verification process. Work from all interviewers was included. The verification interview was completed by an interviewer who did not conduct the original interview.

The outcome of all telephone calls is shown on Table A.1. Interviews were completed with 2,479 persons. Eleven of these records did not contain information on race. These records were excluded from the analyses but were included in the calculation of response and refusal rates.

The 2,479 completed interviews represent a response rate of 62 percent. The refusal rate was 32 percent.

CHARACTERISTICS OF THE SAMPLE

The questionnaire contained demographic items on age, sex, race, Hispanic origin, employment status, marital status, education and household income. Table A.2 compares the sample to the 1990 census for Pennsylvania. As shown in Table A.2, women are over-represented in the sample, while young adults 18-24 were under-represented.

To make the sample representative of the state population, the data were adjusted, or weighted, using the 1989 population estimates for age, sex and race (white, nonwhite). The sample data were also weighted for the number of adults residing in the household and the number of telephone numbers per household. For those interviews conducted when the cluster sampling design was used (January through April), the data also were weighted using the cluster size. Table A.3 shows the weighted and unweighted sample data for the demographic items included in this report.

Out of the 2,468 records included in the data analyses, 12 records did not contain information on age. To avoid discarding records with age values that were unknown or refused, the Centers for Disease Control used age 31 (the median age of the U.S. population) as the weighting factor for these 12 records. In Tables A.2 and A.3, these 12 records are shown under the age group category as unknown/refused.

ACCURACY OF ESTIMATES

Table A.4 provides information on the accuracy of the estimates of the key behavioral risk factors for the entire sample and for four subgroups--males, females, whites and nonwhites. For the sample as a whole, the prevalence estimates for the key behavioral risks were accurate to within at least +/-2.2% at the 95% confidence level. The level of accuracy for smaller demographic subgroups of the sample such as young adults or high school graduates, will generally be less precise. The tables in this report include data from these small subgroups because they help to identify trends and groups that should be targeted for risk reduction programs.

DATA ANALYSIS

The Centers for Disease Control (CDC) analyzed the data using SAS and SESUDAAN, a statistical program developed by Research Triangle Institute. Most of the tables and figures presented in the report were developed from the standardized analyses provided by CDC. The Division of Health Statistics and Research of the Pennsylvania Department of Health analyzed data on mammography and Pap smear using SAS.

All of the percentages shown in the tables contained in this report were calculated using weighted data with the exception of Tables A.2 and A.3. Percentages may not add to 100 due to rounding and missing data - individuals who refused to answer or responded "don't know" to a particular question. Total numbers shown in the tables are unweighted data.

CONSTRUCTION OF DIETARY FAT INDEX

The Centers for Disease Control developed a dietary fat module consisting of a series of questions concerning the frequency of consumption of 13 foods and food groups. This module was included in the 1990 Pennsylvania survey in order to determine subgroups who consume a higher fat diet. Responses to the items contained in the dietary fat module were used by CDC to construct the index of dietary fat. The methods used by CDC to construct this index are described here.

The 13 foods which were included in the survey were selected because they have been found to be the top contributors to dietary fat intake in the U.S. population based on data from the NHANES II. The questions were derived from an abbreviated questionnaire designed by the National Cancer Institute for assessing fat intake in the Women's Health Trial, as modified for use in telephone surveys.

For each respondent, an index of dietary fat was calculated in two steps:

1. Grams of fat were calculated as follows:

   (frequency of consumption of the food by the respondent) X (fat content of the particular food) X (average portion size)

2. Grams of fat for all foods were added together to obtain an index of total grams of fat consumed.

The fat content used for each food and the average portion size assumed are shown in Table A.5.

In records where the frequency of consumption was not answered for one or more questions, the fat index was not calculated. In situations where the frequency of consumption of multiple food items (e.g., bacon and sausage) was included in one question, the fat content and portion size for the most commonly consumed food item in that group were assumed. The nutrient values and portion sizes for the food items were developed by Block *et al* using NHANES II data, U. S. Department of Agriculture Handbook 8, Revised, and other sources.

Each respondent was then categorized into quartiles of fat intake based on the distribution of fat consumption for all respondents in the survey. In the analysis, "high" fat consumers were above the 75th percentile of all fat consumption in the sample; "medium" fat consumers were those in the 25th through 75th percentile; and "low" fat consumers were those equal to or below the 25th percentile.

The survey was limited to only 13 food items. Because of this limitation, the fat intake as measured by this module underestimates the total fat intake of an individual, and it cannot be used for this purpose. Likewise, too few food frequency questions were included in the survey to estimate percentage of calories from fat for any individual.

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TABLE A.1

DISPOSITION OF ALL TELEPHONE NUMBERS IN THE SAMPLE,
1990 PENNSYLVANIA BEHAVIORAL RISK FACTOR SURVEY

CODE	FINAL OUTCOME	NUMBER	PERCENT
1.	Completed Interview*	2,479	20.8
2.	Refused Interview	1,125	9.4
3.	Non-Working Number	5,761	48.3
4.	No Answer (multiple times)	525	4.4
5.	Business Telephone	1,527	12.8
6.	No Eligible Respondent Available At This Telephone Number	169	1.4
7.	Selected Respondent Unavailable During Interview Period	160	1.3
8.	Incapable Respondent or Language Barrier	86	0.7
9.	Terminated During Interview	40	0.3
10.	Line Busy (multiple times)	44	0.4
	TOTAL	11,916	99.8

*Out of the 2,479 completed interviews, eleven did not contain data for race. These eleven records were excluded from data analysis but included in the calculation of response and refusal rates.

The response rate was calculated according to a formula developed by the Council of American Survey Research Organizations:

$$\text{Response Rate} = 100 \times \frac{\text{Completed Interviews}}{[\text{Known Eligibles}] + \left[\left(\frac{\text{Known Eligibles}}{\text{Known Eligibles} + \text{Ineligibles}}\right) \times (\text{Unknowns})\right]}$$

$$\text{Refusal Rate} = 100 \times \frac{\text{Refusals} + \text{Terminations}}{\text{Completed Interviews} + \text{Refusals} + \text{Terminations}}$$

Unknowns = codes 4 + 10

Known Eligibles = codes 1 + 2 + 7 + 9

Ineligibles = codes 3 + 5 + 6 + 8

TABLE A.2

DISTRIBUTION OF THE PENNSYLVANIA BEHAVIORAL RISK FACTOR SURVEY SAMPLE AND THE PENNSYLVANIA ADULT POPULATION BY SEX, RACE AND HISPANIC ORIGIN AND AGE, 1990

DEMOGRAPHIC CHARACTERISTIC	BEHAVIORAL RISK FACTOR SURVEY SAMPLE (A)		POPULATION (B)	
	Number	Percent (C)	Number	Percent (C)
ALL PERSONS	2,468	100	9,086,833	100
SEX				
Male	1,088	44	4,260,894	47
Female	1,380	56	4,825,939	53
RACE AND HISPANIC ORIGIN				
White, non-Hispanic	2,184	89	8,076,128	89
Black, non-Hispanic	192	8	758,770	8
Hispanic	62	3	146,040	2
Other	30	1	105,895	1
AGE (IN YEARS)				
18-24	255	10	1,226,775	14
25-34	586	24	1,912,456	21
35-44	537	22	1,744,867	19
45-54	316	13	1,213,845	13
55-64	292	12	1,159,784	13
65 & over	470	19	1,829,106	20
Unknown/refused (D)	12	(D)		

A. 1990 Behavioral Risk Factor Survey data were tabulated by the Centers for Disease Control. Any cell containing fewer than 50 respondents is considered by the Centers to be unreliable.

B. 1990 Census of Population and Housing, Pennsylvania State Data Center, June, 1991.

C. Percentages may not add to 100 due to rounding. Percentages were calculated using unweighted data.

D. Unknown/refusals were excluded from the calculation of percentages.

TABLE A.3

DISTRIBUTION OF THE 1990 PENNSYLVANIA BEHAVIORAL RISK FACTOR SURVEY SAMPLE BY SELECTED DEMOGRAPHIC CHARACTERISTICS, UNWEIGHTED AND WEIGHTED DATA

DEMOGRAPHIC CHARACTERISTIC	UNWEIGHTED DATA Number	UNWEIGHTED DATA Percent*	WEIGHTED DATA Percent*
ALL PERSONS	2,468	100	100
SEX			
Male	1,088	44	47
Female	1,380	56	53
RACE AND HISPANIC ORIGIN			
White, non-Hispanic	2,184	89	88
Black, non-Hispanic	192	8	8
Hispanic	62	3	3
Other	30	1	1
AGE (IN YEARS)			
18-24	255	10	13
25-34	586	24	21
35-44	537	22	19
45-54	316	13	14
55-64	292	12	14
65 & over	470	19	20
Unknown/refused	12	0.0	0.0
HOUSEHOLD INCOME			
Less Than $10,000	326	13	13
$10,000-$15,000	270	11	11
$15,000-$20,000	230	9	9
$20,000-$25,000	244	10	10
$25,000-$35,000	418	17	16
$35,000-$50,000	401	16	17
More Than $50,000	325	13	13
Unknown/refused	254	10	11
EDUCATION			
Less Than 9th Grade	138	6	6
Some High School	248	10	11
High School Graduate	1,036	42	43
Some Technical School	43	2	2
Technical School Graduate	69	3	2
Some College	372	15	15
College Graduate	337	14	13
Post Graduate	223	9	8
Unknown/refused	2	0.0	0.0

*Percentages may not add to 100 due to rounding. A "0.0" in the table denotes a percentage that is less than but not equal to zero.

TABLE A.4

SAMPLE SIZE, PREVALENCE, STANDARD ERROR AND CONFIDENCE INTERVALS FOR SELECTED RISK FACTORS, BY SEX AND RACE, PENNSYLVANIA, 1990

RISK FACTOR (A) Prevalence (B) Standard Error (C) 95% C.I. (D) Sample Size (E)-->	TOTAL SAMPLE (N=2468)	MALES (N=1088)	FEMALES (N=1380)	NONWHITES (N=284)	WHITES (N=2184)
SMOKING					
Prevalence	23.6%	24.5%	22.8%	29.4%	22.8%
Standard Error	+-1.8	+-2.8	+-2.4	+-5.8	+-1.9
95% C.I.	21.7,25.4	21.7,27.3	20.3,25.2	23.7,35.2	20.9,24.7
ACUTE DRINKING					
Prevalence	18.1%	28.5%	8.8%	14.3%	18.6%
Standard Error	+- 1.7	+-2.9	+- 1.7	+- 4.3	+-1.8
95% C.I.	16.4,19.7	25.6,31.4	7.2,10.5	10.1,18.6	16.8,20.4
CHRONIC DRINKING					
Prevalence	4.9%	9.2%	1.2%	4.0%	5.1%
Standard Error	+- 0.9	+-1.9	+-0.6	+-2.3	+-1.0
95% C.I.	4.0,5.9	7.4,11.1	0.5,1.8	1.6,6.3	4.0,6.1
DRINKING & DRIVING					
Prevalence	3.4%	4.6%	2.3%	0.9%	3.7%
Standard Error	+-0.8	+-1.3	+-1.0	+-1.1	+-0.9
95% C.I.	2.6,4.2	3.2,5.9	1.3,3.4	0.0,2.0	2.8,4.6
OVERWEIGHT BASED ON BODY MASS INDEX					
Prevalence	24.5%	26.1%	23.0%	30.1%	23.7%
Standard Error	+-1.8	+-2.8	+-2.5	+-6.1	+-1.9
95% C.I.	22.7,26.3	23.3,29.0	20.6,25.5	24.0,36.2	21.8,25.6
OVERWEIGHT BASED ON PERCENT OF MEDIAN					
Prevalence	29.6%	30.5%	28.7%	33.6%	29.0%
Standard Error	+-1.9	+-3.0	+-2.6	+-6.1	+-2.0
95% C.I.	27.6,31.5	27.5,33.5	26.1,31.4	27.5,39.7	27.0,31.0
SEDENTARY LIFESTYLE					
Prevalence	54.7%	54.7%	54.6%	57.0%	54.3%
Standard Error	+-2.2	+-3.2	+-2.9	+-6.5	+-2.3
95% C.I.	52.5,56.8	51.5,58.0	51.6,57.5	50.5,63.5	52.1,56.6
HYPERTENSION: EVER TOLD					
Prevalence	23.4%	22.3%	24.3%	30.8%	22.3%
Standard Error	+-1.9	+-2.7	+-2.6	+-6.2	+-1.9
95% C.I.	21.5,25.2	19.6,25.1	21.7,26.8	24.6,37.0	20.4,24.3
HYPERTENSION: TOLD MORE THAN ONCE, CURRENTLY TAKING MEDICATION					
Prevalence	19.3%	17.9%	20.5%	23.9%	18.6%
Standard Error	+-1.7	+-2.5	+-2.4	+-5.6	+-1.8
95% C.I.	17.5,21.0	15.5,20.4	18.0,22.9	18.3,29.6	16.8,20.5

TABLE A.4 (CONTINUED)

SAMPLE SIZE, PREVALENCE, STANDARD ERROR AND CONFIDENCE INTERVALS FOR SELECTED RISK FACTORS, BY SEX AND RACE, PENNSYLVANIA, 1990

RISK FACTOR (A) Prevalence (B) Standard Error (C) 95% C.I. (D) Sample Size (E)-->	TOTAL SAMPLE (N=2468)	MALES (N=1088)	FEMALES (N=1380)	NONWHITES (N=284)	WHITES (N=2184)
HIGH CHOLESTEROL, CHOLESTEROL>=200 MG/DL					
Prevalence	14.7%	12.9%	16.3%	5.4%	16.0%
Standard Error	+- 1.6	+-2.1	+- 2.2	+- 2.9	+-1.7
95% C.I.	13.2,16.3	10.8,15.0	14.1,18.6	2.5,8.2	14.3,17.7
SEAT BELT USE: SOMETIMES, SELDOM OR NEVER					
Prevalence	25.7%	29.9%	21.9%	26.9%	25.5%
Standard Error	+- 1.9	+-3.0	+-2.4	+-5.7	+-2.0
95% C.I.	23.8,27.6	26.9,32.9	19.5,24.3	21.2,32.6	23.5,27.5
SEAT BELT USE: SELDOM OR NEVER					
Prevalence	13.5%	17.6%	9.9%	13.2%	13.6%
Standard Error	+-1.5	+-2.5	+-1.7	+-4.7	+-1.6
95% C.I.	12.0,15.0	15.1,20.1	8.2,11.7	8.5,17.9	12.0,15.1

A. Definitions of Risk Factors are:

Smoking - respondents who had ever smoked 100 cigarettes during their lives and were smoking at time of interview

Acute drinking - respondents who reported having 5 or more alcoholic drinks on an occasion, one or more times in past month

Chronic drinking - respondents who reported an average of 60 or more alcoholic drinks a month

Drinking & driving - respondents who reported having driven after having "perhaps too much to drink" one or more times in past month

Overweight based on Body Mass Index - females with a Body Mass Index (weight in kilograms divided by height in meters squared) >= 27.3 and males with a Body Mass Index >= 27.8

Overweight based on percent of median - respondents who were at or above 120% of the mid-value of the ideal weight range for a medium frame person as shown in the 1959 Metropolitan Height-Weight Tables

Sedentary lifestyle - respondents who reported no physical activity or exercise in past month or who reported engaging in a physical activity or pair of physical activities, for less than 20 minutes per occasion or less than three times per week

Hypertension: ever told - respondents who had ever been told that they have high blood pressure

Hypertension: told more than once, currently taking medication - respondents who had ever been told that their blood pressure is high more than once or are on medication

High cholesterol, cholesterol >= 200 mg/dl - respondents who reported their blood cholesterol level is greater than or equal to 200 mg/dl

Seat belt use: sometimes, seldom or never - respondents who reported "sometimes," "seldom" or "never" using seat belts when driving or riding in a car

Seat belt use: seldom or never - respondents who reported that they "seldom" or "never" use seat belts when driving or riding in a car

B. Prevalence is the percentage of respondents who reported the behavioral risk factor of interest. The percentage is calculated using weighted data in order to estimate the true prevalence in the sample population.

C. Standard Error is a measure of the amount of variability that exists in the calculation of the prevalence estimate.

TABLE A.4 (FOOTNOTES CONTINUED)

D. 95% C.I. (95% Confidence Interval) is the range which contains the true population prevalence estimate 95% of the time if repeated sampling of the population is performed. For example, the prevalence of current smoking among female respondents is 22.8%. The confidence interval for this estimate (20.3,25.2) means that the true population prevalence of smoking among females is between 20.3% and 25.2% 95% of the time if repeated sampling of the population is performed.

E. Sample Size is the actual number of persons in the total sample, actual number of male respondents, female respondents, white respondents (irrespective of Hispanic origin) and nonwhite respondents (irrespective of Hispanic origin).

TABLE A.5

FAT CONTENT AND PORTION SIZE OF FOOD ITEMS IN DIETARY FAT INDEX

FOOD ITEM	FAT/100 (GMS)	AVERAGE PORTION SIZE
Hot dogs, lunch meat, etc.	25.0	56
Bacon, sausage	52.0	16
Hamburger	20.3	84
Beef	10.2	112
Pork	15.4	84
Chicken	10.2	78
French fries	8.4	126
Eggs	12.9	50
Milk	3.5	270
Cheese	25.0	56
Pastries	16.8	46
Snacks	39.8	28
Butter	81.0	11

Source: Centers for Disease Control

APPENDIX B - REFERENCES

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APPENDIX C - 1989 AND 1990 DATA

As part of the Behavioral Risk Factor Surveillance System (BRFSS), telephone interviews were conducted with 1,814 adults during 1989 and 2,468 adults during 1990. Data from the Surveillance System were used to estimate the proportion of Pennsylvania adults who have selected behavioral health risks. Table C.1 provides estimates of the prevalence of these health risks during 1989. These data are comparable to the data shown in Table A.4

During 1989, behavioral risk factor data were obtained from 39 states and the District of Columbia that participated in the BRFSS. During 1990 comparable data were available from 44 states and the District of Columbia. Table C.2 provides the median prevalence of selected behavioral risks for all jurisdictions that participated in the BRFSS for 1989 and 1990. This Table also lists the prevalence of the state with the highest prevalence and the state with the lowest prevalence for each behavioral risk.

TABLE C.1

SAMPLE SIZE, PREVALENCE, STANDARD ERROR AND CONFIDENCE INTERVALS FOR SELECTED RISK FACTORS, BY SEX AND RACE, PENNSYLVANIA, 1989

RISK FACTOR (A) Prevalence (B) Standard Error (C) 95% C.I. (D) Sample Size (E)-->	TOTAL SAMPLE (N=1814)	MALES (N=755)	FEMALES (N=1059)	NONWHITES (N=182)	WHITES (N=1632)
SMOKING					
Prevalence	27.0%	30.3%	24.0%	36.9%	25.8%
Standard Error	+-2.3	+-3.6	+-2.9	+-8.9	+-2.3
95% C.I.	24.7,29.3	26.7,33.9	21.1,27.0	28.0,45.8	23.5,28.1
ACUTE DRINKING					
Prevalence	20.2%	32.6%	9.3%	18.3%	20.4%
Standard Error	+-2.1	+-3.7	+- 2.0	+- 6.6	+-2.2
95% C.I.	18.1,22.3	28.8,36.3	7.3,11.3	11.7,24.8	18.2,22.6
CHRONIC DRINKING					
Prevalence	5.8%	10.5%	1.7%	7.7%	5.6%
Standard Error	+- 1.3	+-2.5	+-1.0	+-5.4	+-1.3
95% C.I.	4.5,7.1	8.0,13.0	0.7,2.7	2.3,13.0	4.3,6.9
DRINKING & DRIVING					
Prevalence	3.7%	6.1%	1.5%	3.1%	3.7%
Standard Error	+-1.0	+-2.0	+-0.8	+-4.0	+-1.1
95% C.I.	2.6,4.7	4.1,8.0	0.8,2.3	0.0,7.1	2.7,4.8
OVERWEIGHT BASED ON BODY MASS INDEX					
Prevalence	26.5%	26.0%	27.1%	31.0%	26.0%
Standard Error	+-2.3	+-3.4	+-3.1	+-7.6	+-2.3
95% C.I.	24.3,28.8	22.6,29.3	23.9,30.2	23.4,38.7	23.7,28.3
OVERWEIGHT BASED ON PERCENT OF MEDIAN					
Prevalence	30.8%	30.1%	31.5%	34.0%	30.4%
Standard Error	+-2.4	+-3.6	+-3.2	+-8.3	+-2.4
95% C.I.	28.4,33.2	26.5,33.7	28.2,34.7	25.7,42.4	28.0,32.9
SEDENTARY LIFESTYLE					
Prevalence	57.2%	57.6%	56.8%	64.1%	56.3%
Standard Error	+-2.7	+-4.0	+-3.4	+-8.3	+-2.8
95% C.I.	54.5,59.8	53.6,61.5	53.4,60.2	55.8,72.5	53.6,59.1
HYPERTENSION: EVER TOLD					
Prevalence	24.1%	23.7%	24.4%	22.4%	24.3%
Standard Error	+-2.3	+-3.5	+-2.9	+-7.3	+-2.3
95% C.I.	21.8,26.3	20.2,27.2	21.4,27.3	15.1,29.6	21.9,26.6
SEAT BELT USE: SOMETIMES, SELDOM OR NEVER					
Prevalence	30.3%	37.1%	24.3%	37.5%	29.4%
Standard Error	+-2.4	+-4.0	+-2.9	+-8.2	+-2.5
95% C.I.	27.9,32.7	33.1,41.1	21.5,27.2	29.3,45.6	27.0,31.9
SEAT BELT USE: SELDOM OR NEVER					
Prevalence	15.3%	19.1%	11.9%	15.1%	15.3%
Standard Error	+-1.9	+-3.1	+-2.1	+-6.3	+-1.9
95% C.I.	13.4,17.1	16.0,22.2	9.8,14.1	8.8,21.4	13.4,17.2

TABLE C.1 (FOOTNOTES):

A. Definitions of Risk Factors are:

Smoking - respondents who had ever smoked 100 cigarettes during their lives and were smoking at time of interview

Acute drinking - respondents who reported having had 5 or more alcoholic drinks on an occasion, one or more times in past month

Chronic drinking - respondents who reported an average of 60 or more alcoholic drinks a month

Drinking & driving - respondents who reported having driven a car after having had "perhaps too much to drink" one or more times in past month

Overweight based on Body Mass Index - females with a Body Mass Index (weight in kilograms divided by height in meters squared) greater than or equal to 27.3 and males with a Body Mass Index greater than or equal to 27.8

Overweight based on percent of median - respondents who were at or above 120% of the mid-value of the ideal weight range for a medium frame person as shown in the 1959 Metropolitan Height-Weight Tables

Sedentary lifestyle - respondents who reported no physical activity or exercise in past month or who reported engaging in a physical activity or pair of physical activities, for less than 20 minutes per occasion or less than three times per week

Hypertension: ever told - respondents who had ever been told that they have high blood pressure

Seat belt use: sometimes, seldom or never - respondents who reported "sometimes," "seldom" or "never" using seat belts when driving or riding in a car

Seat belt use: seldom or never - respondents who reported that they "seldom" or "never" use seat belts when driving or riding in a car

B. Prevalence is the percentage of respondents who reported the behavioral risk factor of interest. The percentage is calculated using survey data which have been weighted in proportion to the population of the State in order to provide a more accurate estimate of the true prevalence of the risk factor among Pennsylvania adults.

C. Standard Error is a measure of the amount of variability that exists in the calculation of the prevalence estimate.

D. 95% C.I. (95% Confidence Interval) is the range which contains the true population prevalence estimate 95% of the time if repeated sampling of the population is performed. For example, the prevalence of smoking among female respondents is 24.0%. The confidence interval for this estimate (21.1,27.0) means that the true population prevalence of smoking among females is between 21.1% and 27.0% 95% of the time if repeated sampling of the population is performed.

E. Sample Size is the actual number of persons in the total sample and the actual numbers of male respondents, female respondents, white respondents (irrespective of Hispanic origin) and nonwhite respondents (irrespective of Hispanic origin).

TABLE C.2

PREVALENCE OF SELECTED BEHAVIORAL RISKS FOR PENNSYLVANIA AND THE MEDIAN, LOWEST AND HIGHEST PREVALENCE OF SELECTED BEHAVIORAL RISKS FOR ALL BRFSS PARTICIPATING STATES AND THE DISTRICT OF COLUMBIA, 1989 AND 1990

RISK FACTOR (A) PA PREVALENCE (B) MEDIAN PREVALENCE (C) LOWEST PREVALENCE (D) HIGHEST PREVALENCE (E)	1989	1990
SMOKING		
PA PREVALENCE	**27.0**	**23.6**
MEDIAN PREVALENCE	24.2	22.6
LOWEST PREVALENCE	16.4	16.7
HIGHEST PREVALENCE	30.4	29.0
ACUTE DRINKING		
PA PREVALENCE	**20.2**	**18.1**
MEDIAN PREVALENCE	15.4	15.2
LOWEST PREVALENCE	6.7	5.4
HIGHEST PREVALENCE	26.7	26.8
CHRONIC DRINKING		
PA PREVALENCE	**5.8**	**4.9**
MEDIAN PREVALENCE	3.7	3.2
LOWEST PREVALENCE	1.9	1.4
HIGHEST PREVALENCE	6.6	6.0
DRINKING & DRIVING		
PA PREVALENCE	**3.7**	**3.4**
MEDIAN PREVALENCE	2.9	2.8
LOWEST PREVALENCE	1.1	0.7
HIGHEST PREVALENCE	5.9	5.9
OVERWEIGHT BASED ON BODY MASS INDEX		
PA PREVALENCE	**26.5**	**24.5**
MEDIAN PREVALENCE	20.4	22.6
LOWEST PREVALENCE	15.5	16.3
HIGHEST PREVALENCE	26.5	27.4
OVERWEIGHT BASED ON PERCENT OF MEDIAN		
PA PREVALENCE	**30.8**	**29.6**
MEDIAN PREVALENCE	24.5	26.9
LOWEST PREVALENCE	19.2	19.3
HIGHEST PREVALENCE	30.8	31.5
SEDENTARY LIFESTYLE		
PA PREVALENCE	**57.2**	**54.7**
MEDIAN PREVALENCE	58.7	58.1
LOWEST PREVALENCE	44.7	44.4
HIGHEST PREVALENCE	74.7	73.1
HYPERTENSION: EVER TOLD		
PA PREVALENCE	24.1	23.4
MEDIAN PREVALENCE	21.5	20.4
LOWEST PREVALENCE	17.0	15.9
HIGHEST PREVALENCE	24.2	28.2

TABLE C.2 (CONTINUED)

PREVALENCE OF SELECTED BEHAVIORAL RISKS FOR PENNSYLVANIA AND THE MEDIAN, LOWEST AND HIGHEST PREVALENCE OF SELECTED BEHAVIORAL RISKS FOR ALL BRFSS PARTICIPATING STATES AND THE DISTRICT OF COLUMBIA, 1989 AND 1990

RISK FACTOR (A) PA PREVALENCE (B) MEDIAN PREVALENCE (C) LOWEST PREVALENCE (D) HIGHEST PREVALENCE (E)	1989	1990
SEAT BELT USE: SOMETIMES, SELDOM OR NEVER		
PA PREVALENCE	**30.3**	**25.7**
MEDIAN PREVALENCE	28.6	25.8
LOWEST PREVALENCE	6.3	4.9
HIGHEST PREVALENCE	61.9	59.6
SEAT BELT USE: SELDOM OR NEVER		
PA PREVALENCE	**15.3**	**13.5**
MEDIAN PREVALENCE	15.6	13.8
LOWEST PREVALENCE	3.1	1.4
HIGHEST PREVALENCE	36.8	34.6

SOURCE: Centers for Disease Control

A. Definitions of Risk Factors are:

Smoking - respondents who had ever smoked 100 cigarettes during their lives and were smoking at time of interview

Acute drinking - respondents who reported having had 5 or more alcoholic drinks on an occasion, one or more times in past month

Chronic drinking - respondents who reported an average of 60 or more alcoholic drinks a month

Drinking & driving - respondents who reported having driven a car after having had "perhaps too much to drink" one or more times in past month

Overweight based on Body Mass Index (BMI) - females with a BMI (weight in kilograms divided by height in meters squared) greater than or equal to 27.3 and males with a BMI greater than or equal to 27.8

Overweight based on percent of median - respondents who were at or above 120% of the mid-value of the ideal weight range for a medium frame person as shown in the 1959 Metropolitan Height-Weight Tables

Sedentary lifestyle - respondents who reported no physical activity or exercise in past month or who reported engaging in a physical activity or pair of physical activities for less than 20 minutes per occasion or less than three times per week

Hypertension: ever told - respondents who had ever been told that they have high blood pressure

Seat belt use: sometimes, seldom or never - respondents who reported "sometimes," "seldom" or "never" using seat belts when driving or riding in a car

Seat belt use: seldom or never - respondents who reported that they "seldom" or "never" use seat belts when driving or riding in a car

B. PA Prevalence is the percentage of respondents who reported the behavioral risk factor of interest. The percentage is calculated using survey data which have been weighted in proportion to the population of the State in order to provide a more accurate estimate of the true prevalence of the risk factor among Pennsylvania adults.

C. Median Prevalence for 1989 is the median prevalence of the 40 jurisdictions (39 states and the District of Columbia) that participated in the Behavioral Risk Factor Surveillance System (BRFSS) during 1989. Median prevalence for 1990 is the median of the 45 jurisdictions (44 states and D.C.) that participated in the BRFSS during 1990.

TABLE C.2 FOOTNOTES (CONTINUED)

D. Lowest Prevalence is the lowest percentage of persons who had a particular risk factor among all jurisdictions that participated in the BRFSS.

E. Highest Prevalence is the highest percentage of persons who have a particular risk factor among all jurisdictions which participated in the BRFSS.

APPENDIX D - 1990 SURVEY QUESTIONS

INTRODUCTION Before we begin, I want to assure you that all of the information you give is completely confidential, and that none of it will be released in any way that would permit identification of you or your household. I don't even need to know your last name. Your participation, of course, is voluntary. First, I'd like to begin by asking you about using seat belts...

SECTION A: SEAT BELTS

1. How often do you use seat belts when you drive or ride in a car?Would you say:
   PLEASE READ
   a. Always
   b. Nearly Always
   c. Sometimes
   d. Seldom
      OR
   e. Never

DO NOT READ THESE RESPONSES
Don't know/Not sure
Never drive or ride in a car
Refused

SECTION B: HYPERTENSION These next questions are about hypertension or high blood pressure:

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
   PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL
   a. No, GO TO SECTION C
   b. Yes, by a doctor
   c. Yes, by a nurse
   d. Yes, by other health professional
   Don't know/Not sure GO TO SECTION C
   Refused GO TO SECTION C

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?
   a. More than once
   b. Only once
   Don't know/Not sure
   Refused

4. Is any medicine currently prescribed for your high blood pressure?
   a. Yes
   b. No GO TO Q 6
   Don't know/Not sure GO TO Q 6
   Refused GO TO Q 6

5. Are you currently taking medicine for your high blood pressure?
   PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY" IF NECESSARY. IF ANSWER IS "YES", USE "YES ALL OR MOST"
   a. Yes, all or most of the time
   b. Yes, only occasionally
   c. No
   Don't know/Not sure
   Refused

SECTION C: EXERCISE The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

6. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
   a. Yes
   b. No GO TO SECTION D
   Don't know/Not sure GO TO SECTION D
   Refused GO TO SECTION D

7. What type of physical activity or exercise did you spend the most time doing during the past month?
   a. Activity (*specify*):_____
   Refused GO TO Q 11

ASK QUESTION 8 ONLY IF ANSWER TO QUESTION 7 IS RUNNING, JOGGING, WALKING, OR SWIMMING. ALL OTHERS, GO TO QUESTION 9

8. How far did you usually walk/run/jog/swim?
   a. Miles and tenths
   Don't know/Not sure
   Refused

9. How many times per week or per month did you take part in this activity during the past month?
   a. Times per week
   b. Times per month
   Don't know/Not sure
   Refused

10. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
   a. Hours & Minutes
   Don't know/Not sure
   Refused

11. Was there another physical activity or exercise that you participated in during the last month?
   a. Yes
   b. No GO TO SECTION D
   Don't know/Not sure GO TO SECTION D
   Refused GO TO SECTION D

12. What other type of physical activity gave you the next most exercise during the past month?
   a. Activity (*specify*):_____
   Refused GO TO SECTION D

ASK QUESTION 13 ONLY IF ANSWER TO QUESTION 12 IS RUNNING, JOGGING, WALKING, OR SWIMMING. ALL OTHERS, GO TO QUESTION 14

13. How far did you usually walk/run/jog/swim?
   a. Miles and tenths
   Don't know/Not sure
   Refused

14. How many times per week or per month did you take part in this activity?
   a. Times per week
   b. Times per month
   Don't know/Not sure
   Refused

15. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
   a. Hours & Minutes
   Don't know/Not sure
   Refused

SECTION D: TOBACCO USE Now I'd like to ask you a few questions about cigarette smoking.

16. Have you smoked at least 100 cigarettes in your entire life?
100 CIGARETTES = 5 PACKS
   a. Yes
   b. No GO TO SECTION E
   Don't know/Not sure GO TO SECTION E
   Refused GO TO SECTION E

17. Do you smoke cigarettes now?
   a. Yes
   b. No GO TO Q 22
   Refused GO TO SECTION E

18. On the average, about how many cigarettes a day do you now smoke?
1 PACK = 20 CIGARETTES
   a. Number of cigarettes
   b. Don't smoke regularly
   Refused

19. Have you ever made a serious attempt to stop smoking cigarettes?
   a. Yes
   b. No GO TO SECTION E
   Refused GO TO SECTION E

20. When was the start of your most recent quit attempt?
    a. Past week
    b. Past 2 weeks
    c. Past month
    d. Past 6 months
    e. Past year
    f. More than 1 year ago
    Don't know/Not sure
    Refused

21. How long did you actually stay off cigarettes that time?
    a. Less than one day
    b. One to 6 days
    c. Seven days to less than 3 months
    d. Three months to less than 6 months
    e. Six months to less than 1 year
    f. 1 or more years
    Don't know/Not sure
    Refused

INTERVIEWER GO TO SECTION E

22. About how long has it been since you last smoked cigarettes regularly?
    a. Less than 1 month
    b. One month, but less than 3 months
    c. Three months, but less than 6 months
    d. Six months, but less than 1 year
    e. One or more years
    Don't know/Not sure
    Refused

SECTION E: ALCOHOL CONSUMPTION These next few questions are about the use of beer, wine, wine coolers, cocktails, or liquor, such as vodka, gin, rum, or whiskey--all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

23. Have you had any beer, wine, wine coolers, cocktails, or liquor during the past month, that is, since_____?
    a. Yes
    b. No GO TO SECTION F
    Refused GO TO SECTION F

24. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
    a. Days per week
    b. Days per month
    Don't know/Not sure GO TO Q 26
    Refused GO TO Q 26

25. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
    a. Number of drinks
    Don't know/Not sure
    Refused

26. Considering all types of alcoholic beverages, that is, beer, wine, wine coolers, cocktails, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion?
    a. Number of times
    Don't know/Not sure
    Refused

27. And during the past month, how many times have you driven when you've had perhaps too much to drink?
    a. Number of times
    b. None
    Don't know/Not sure
    Refused

SECTION F: PREVENTIVE HEALTH PRACTICES Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

28. About how long has it been since you last visited a doctor for a routine checkup?
Was it? *PLEASE READ:*
a. Within the past year (0 to 12 MONTHS AGO)
b. Within the past two years (13 TO 24 MONTHS AGO)
c. Within the past five years (25 TO 60 MONTHS AGO)
OR
d. More than five years ago (61 + MONTHS AGO)
Don't know/Not sure GO TO Q 30
Never GO TO Q 30
Refused GO TO Q 30

29. What type of doctor did you see for your last routine checkup?
Was it: *PLEASE READ:*
a. Family or General Practitioner
b. Internist
c. Specialist such as heart, lung, or stomach specialist
d. Other
(ASK FOR WOMEN ONLY)
e. Obstetrician/Gynecologist
Don't know/Not sure
Refused

These next questions are about blood cholesterol, which is a fatty substance found in the blood.

30. Have you ever had your blood cholesterol checked?
a. Yes
b. No GO TO Q 37
Don't know/Not sure GO TO Q 37
Refused GO TO Q 37

31. About how long has it been since you last had your blood cholesterol checked?
Was it: *PLEASE READ:*
a. Within the past year (0 to 12 MONTHS AGO)
b. Within the past two years (13 TO 24 MONTHS AGO)
c. Within the past five years (25 TO 60 MONTHS AGO)
OR
d. More than five years ago (61 + MONTHS AGO)
Don't know/Not sure
Refused

32. Have you ever been told your blood cholesterol level, in numbers?
a. Yes
b. No GO TO Q 34
Don't know/Not sure GO TO Q 34
Refused GO TO Q 34

33. What is your blood cholesterol?
Record the number
Don't know/Not sure
Refused

34. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?
a. Yes
b. No
Don't know/Not sure
Refused

35. Are you now under the advice of a doctor to reduce your blood cholesterol or blood fat level?
a. Yes
b. No GO TO Q 37
Don't know/Not sure GO TO Q 37
Refused GO TO Q 37

36. Did the doctor:

36a. --prescribe a medication to lower your blood cholesterol?
a. Yes
b. No
Don't know/Not sure
Refused

36b. --provide you with a low fat or low cholesterol diet?
a. Yes
b. No
Don't know/Not sure
Refused

36c. --refer you to a dietitian, nutritionist, or nurse to help you reduce the fat or cholesterol in your diet?
a. Yes
b. No
Don't know/Not sure
Refused

37. Next, I'd like to ask you about diabetes, sometimes called sugar diabetes. Have you ever been told by a doctor that you have diabetes?
a. Yes
b. No
Don't know/Not sure
Refused

SECTION G: DEMOGRAPHICS These next few questions ask for a little more information about yourself.

38. How old were you on your last birthday?
Code age in years
Don't know/Not sure
Refused

39. What is your race? Would you say:
PLEASE READ:
a. White
b. Black
c. Asian, Pacific Islander
d. Aleutian, Eskimo, or American Indian
e. Other: (*specify*) _____
Don't know/Not sure
Refused

40. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican, or Cuban?
a. Yes
b. No
Don't know/Not sure
Refused

41. What is the highest grade or year of school you completed?
READ ONLY IF NECESSARY
a. Eighth grade or less
b. Some high school
c. High school grad or GED certificate
d. Some technical school
e. Technical school graduate
f. Some college
g. College graduate
h. Post grad or professional degree
Refused

42. Are you currently:
PLEASE READ
a. Employed for wages
b. Self employed
c. Out of work for more than 1 year
d. Out of work for less than 1 year
e. Homemaker
f. Student
OR
g. Retired
Refused

43. And are you:
PLEASE READ
a. Married
b. Divorced
c. Widowed
d. Separated
e. Never been married
OR
f. A member of an unmarried couple
Refused

44. Which of the following categories best describes you annual household income from all sources?
PLEASE READ
a. Less than $10,000
b. $10 to $15,000
c. $15 to $20,000
d. $20 to $25,000
e. $25 to $35,000
f. $35 to $50,000
OR
g. Over $50,000
Don't know/Not sure
Refused

45. About how much do you weigh without shoes?
a. Weight
Don't know/Not sure
Refused

46. About how tall are you without shoes?
a. Height
Don't know/Not sure
Refused

47. *INTERVIEWER: INDICATE SEX OF RESPONDENT. ASK IF NECESSARY*
a. Male GO TO SECTION I
b. Female

SECTION H: WOMEN'S HEALTH These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

48. Have you ever had a mammogram?
a. Yes
b. No GO TO Q 50b
Don't know/Not sure GO TO Q 53
Refused GO TO Q 53

49. About how long has it been since you had your last mammogram? Was it:
PLEASE READ
a. Within the past year (0 TO 12 MONTHS AGO) GO TO Q 51
b. Within the past two years (13 TO 24 MONTHS AGO)
c. Within the past five years (25 TO 60 MONTHS AGO)
OR
d. More than five years ago (61+ MONTHS AGO)
Don't know/Not sure
Refused

50a. What is the **most important reason** that you did not have a mammogram in the last year?
DO NO READ LIST. RECORD ONLY ONE ANSWER.
a. Not recommended by doctor/doctor never said it was needed
b. Not needed/not necessary
c. Never heard of mammogram
d. Cost
e. No insurance to pay for it
f. Other
Don't know/Not sure
Refused

51. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?
    a. Routine checkup
    b. Breast problem
    c. Had breast cancer
    Don't know/Not sure
    Refused

52. Whose idea was it for you to have this last mammogram - was it your idea, your doctor's idea, or someone else's idea? *PROBE FOR THE MOST INFLUENTIAL. RECORD ONLY ONE RESPONSE*
    a. Respondent's idea
    b. Doctor's idea
    c. Someone else's idea
    Don't know/Not sure
    Refused

INTERVIEWER: GO TO Q 53

50b. What is the **most important reason** that you never had a mammogram?
DO NOT READ LIST. RECORD ONLY ONE ANSWER.
    a. Not recommended by doctor/doctor never said it was needed
    b. Not needed/not necessary
    c. Never heard of mammogram
    d. Cost
    e. No insurance to pay for it
    f. Other
    Don't know/Not sure
    Refused

The next questions are about breast physical examination, which is when the breast is felt for lumps by a doctor or medical assistant.

53. Have you ever had a breast physical exam by a doctor or a medical assistant?
    a. Yes
    b. No GO TO Q 56
    Don't know/Not sure GO TO Q 56
    Refused GO TO Q 56

54. About how long has it been since your last breast physical exam? Was it:
    a. Within the past year (0 TO 12 MONTHS AGO)
    b. Within the past two years (13 TO 24 MONTHS AGO)
    c. Within the past five years (25 TO 60 MONTHS AGO)
    OR
    d. More than five years ago (61 + MONTHS AGO)
    Don't know/Not sure
    Refused

55. Was your last breast physical exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?
    a. Routine checkup
    b. Breast problem
    c. Had breast cancer
    Don't know/Not sure
    Refused

INTERVIEWER: ASK THESE TWO QUESTIONS ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE. OTHERWISE, GO TO SECTION I.

56. To your knowledge, are you now pregnant?
    a. Yes
    b. No GO TO SECTION I
    Don't know/Not sure GO TO SECTION I
    Refused GO TO SECTION I

57. During what month is your baby due?
    Code month
    Don't know/Not sure
    Refused

SECTION I: AIDS These next few questions are to determine your beliefs and opinions about the national health problem of AIDS.

58. Have you ever heard the AIDS virus called HIV?
a. Yes
b. No
Don't know/ Not sure
Refused

59. To your knowledge, are there drugs available which can lengthen the life of a person infected with the AIDS virus?
a. Yes
b. No
Don't know/ Not sure
Refused

60. Do you think a person who is infected with the AIDS virus can look and feel well and healthy?
a. Yes
b. No
Don't know/ Not sure
Refused

61. There has been a lot of talk about how you can and cannot get infected with the AIDS virus. Do you think you can get infected from:

	Yes	No	DK/NS	Ref
a. Giving blood				
b. Mosquitoes or other insects				

62. Do you have a child or children in kindergarten through eighth grade?
a. Yes
b. No GO TO Q 65
Don't know/Not sure GO TO Q 65
Refused GO TO Q 65

63. Would you allow your child to be in the same classroom with a child who is infected with the AIDS virus?
a. Yes
b. No
Don't know/Not sure
Refused

64. At what grade do you think your child should begin AIDS education in school?
Code grade
Never
Don't know/Not sure
Refused

65. Would you eat in a restaurant where the cook is infected with the AIDS virus?
a. Yes
b. No
Don't know/Not sure
Refused

66. Would you be willing to work with a person who is infected with the AIDS virus?
a. Yes
b. No
Don't know/Not sure
Refused

7. Where could you go to be tested for the AIDS virus infection?
PROBE FOR OTHER PLACES IF ONLY ONE RESPONSE IS GIVEN
a. *Facility code*

b. Where else could you go?

PLEASE DO NOT READ LIST

a. Private doctor, HMO
b. Blood bank, plasma center, Red Cross
c. Health department
d. AIDS clinic, AIDS testing site
e. Hospital, emergency room
f. Family planning clinic
g. STD clinic
h. Community health clinic, primary care clinic
i. Company or industry clinic
j. Military induction or examination
k. Other
l. No place
Don't know/Not sure
Refused

68. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think using a condom is in preventing getting the AIDS virus through sexual activity? Would you say: *PLEASE READ*
a. Very effective
b. Somewhat effective
OR
c. Not at all effective

DO NOT READ THESE RESPONSES
Don't know how effective
Don't know method
Refused

69. What county do you live in?
Code county
Don't know/Not sure

INTERVIEWER: IF RESPONDENT IS A MALE GO TO Q 74. IF FEMALE GO TO Q 70

These next questions are about certain kinds of medical tests and examinations.

70. Have you ever heard of a Pap smear test?
a. Yes
b. No GO TO Q 73
Don't know/Not sure GO TO Q 73
Refused GO TO Q 73

71. Have you ever had a Pap smear?
a. Yes
b. No GO TO Q 73
Don't know/Not sure GO TO Q 73
Refused GO TO Q 73

72. When did you have your last Pap smear? Was it:
PLEASE READ
a. Within the past year (0 TO 12 MONTHS AGO)
b. Within the past two years (13 TO 24 MONTHS AGO)
c. Within the past three years (25 TO 36 MONTHS AGO)
d. Within the past five years (37 TO 60 MONTHS AGO)
OR
e. More than five years ago (61 + MONTHS)
Don't know/Not sure
Refused

DO NOT ASK IF R IS PREGNANT (SEE Q 56)
73. Have you had a hysterectomy?
PLEASE NOTE: A HYSTERECTOMY IS "AN OPERATION TO REMOVE THE UTERUS."
a. Yes
b. No
Don't know/Not sure
Refused

MODULE 8: DIETARY FAT These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one; for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

74. How often do you eat hot dogs or lunch meats such as ham or other cold cuts?
    a. Per Day
    b. Per Week
    c. Per Month
    d. Per Year
    e. Never
    Don't know/Not sure
    Refused

NOTE TO READER: QUESTIONS 75 - 86 USE THE SAME RESPONSE CATEGORIES AS QUESTION 74.

75. How often do you eat bacon or sausage?

76. How often do you eat pork other than ham, bacon, or sausage?

77. How often do you eat hamburgers, cheeseburgers or meatloaf?

78. How often do you eat beef other than hamburger, cheeseburger or meatloaf?

79. How often do you eat fried chicken?

80. How often do you eat french fries or fried potatoes?

81. How often do you eat cheese or cheese spreads, not including cottage cheese?
    INTERVIEWERS: Include cheese used as an ingredient, e.g., on pizza

82. How often do you eat doughnuts, cookies, cake, pastry, or pies?

83. How often do you usually eat snacks, such as chips or popcorn?

84. How often do you usually add butter or margarine to bread, rolls or vegetables?

85. How many eggs do you usually eat?

86. How many glasses (8 oz) of whole milk do you usually drink? Remember to include drinks made with whole milk or milk on cereal. Do not include low fat milk, such as skim milk or 2 % milk.

87. How many telephone numbers will reach this household, including the number I used today?
    DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND TELEPHONE SETS IF NECESSARY. INCLUDE ALL TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD.

    a. Total telephone numbers

CLOSING STATEMENT That's my last question. Let me emphasize that your answers cannot be identified with your name. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Pennsylvania Department of Health
Division of Health Promotion
Health Risk Reduction Program
P.O. Box 90
Harrisburg, PA 17108

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